A

TREATISE

ON THE

VENEREAL DISEASE,

CONTAINING

A particular Account of the NATURE, CAUSES, SIGNS, and CURE,

OF

The ſeveral VENEREAL DISORDERS, Both LOCAL and UNIVERSAL:

And being chiefly deſigned as

A TRANSLATION and ABRIDGMENT

Of the Learned

Dr. *ASTRUC*'s Treatiſe on this DISEASE.

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ERRATA.

Page	Line	
20	3	*dele* as.
51	24	*for* ſipelas *read* eryſipelas.
56	20	*for* part *read* parts.
59	18	*after* jallap *add* ana.
67	6	*for* of juices *read* of the juices.
74	4	*for* corroding *read* corroded.
283	20	*for* where *read* whence.
314	19	*for* iſchaiatic *read* iſchiatic.
384	7	*for* craſſiuſculi *read* craſſiuſculæ.
425	21	*after the word* comminuted *dele* ſo.
468	13	*dele* upon.

A TREATISE ON THE VENEREAL DISEASE:

BOOK II.

CHAP. I.

Of the nature and ſigns of a confirmed lues.

HITHERTO we have treated of thoſe topical or local diſorders, which ariſe from the firſt admiſſion of the venereal poiſon, and are confined to the particular parts by which it was received. We come now to treat of the lues in its confirmed ſtate; that is, when the poiſon is actually received into the blood, and circulating with it thro' every part of the body, mixes with the ſeveral ſecretions, and renders the whole habit tainted.

This ſtage of the diſorder is what Dr *Turner* calls the ſecond infection; becauſe it is often the conſequence of a virulent gonorrhœa, or ſome other ſymptom of the firſt infection, that has been neglected or ill-treated. Nevertheleſs it is only ſometimes a primary diſeaſe: and this not

when the infection is transmitted from the parents, and originally blended with the conſtitution; but even when it is communicated by coition or any other kind of impure contact. For tho' it is often the conſequence of complaints that were at firſt merely local; yet the venereal poiſon may ſometimes get immediate admittance into the blood, ſo as to conſtitute at once a primary lues. But even in this caſe ſome particles of the venereal poiſon uſually adhere to the parts by which it entered; where they ſeldom fail to exite appearances prior to thoſe that ariſe from the infectious particles that are received into the blood. And as coition is the moſt common way of contracting the diſorder, ſo the firſt ſymptoms oftenеſt appear about the genital parts.

Theſe ſymptoms indeed are ſometimes very ſlight and trifling, and not ſufficient of themſelves to induce a perſon to conclude them venereal. Thus there is ſometimes only a ſlight heat and pain in making water, which goes off again in a few days; at other times there is only a ſuperficial excoriation of the glans or prepuce; which either gets well of its own accord, or is eaſily healed with ſome deſiccative ointment. And yet how ſlight ſoever theſe complaints may have appeared at firſt, they have been ſometimes followed by evident ſigns of a confirmed lues.

Perhaps it has been from ſuch inſtances as theſe that people have imagined the poiſon may

get

get into the blood, without leaving any visible mark of infection in the parts by which it entered; since it is possible such slight complaints may have been over-looked; or if they were taken notice of, might never be imputed to a venereal cause. But when they are preceded by impure coition, and afterwards followed by evident signs of a confirmed lues, these circumstances must put the matter out of all doubt.

For the most part however a confirmed lues is preceded by symptoms of greater note; such as a virulent gonorrhœa, buboes, chancres, porri, verrucæ, condylomata, and the like.

A virulent gonorrhœa indeed considered as a mere local disorder never degenerates into a confirmed lues, so long as the running is permitted to flow freely. But if the running be stopped before the virulency is corrected, the infectious matter commonly falls upon the groin or testicles; where if it be not timely corrected or carried off, some particles of it will be carried by the lymphatic vessels into the blood, and lay the foundation of a confirmed lues.

When it falls upon the testicles indeed it causes a very acute and painful tumor, which generally puts the patient upon applying to proper remedies in time; by means of which either the running is brought down again, or else its virulency is corrected before it has time to impress its taint upon the blood.

But

But it is often otherwiſe with regard to ſwellings in the groin (whether they ariſe from a running ſuppreſſed, or from the venereal poiſon immediately lodged in the part): for ſome of theſe are quite indolent and free from pain, for which reaſon the cure of them is neglected too long: others again ſpontaneouſly diſappear, and the patient thinking himſelf well neglects the proper meaſures for ſecuring the blood.

In ſuch caſes therefore a virulent gonorrhœa and a venereal bubo do often precede a confirmed lues as the antecedent cauſe of this diſorder. Nevertheleſs they may ſometimes be conſidered as co-effects of one and the ſame cauſe; that is, ſome particles of the venereal poiſon may be received into the blood, and produce a confirmed lues, at the ſame time that other particles of it may fix upon the ſeminal veſicles, proſtate, cowper's or inguinal glands, and ſo occaſion either a virulent running or a ſwelling in the groin.

But this ſeems to be oftener the caſe with regard to the other ſymptoms mentioned above; ſuch as the chancres, porri, verrucæ, condylomata, thymi, fici and the like. And for this reaſon probably it is, that, though they are ſometimes merely local, and have been conſidered as ſuch in the former part of this treatiſe; yet they are found by experience to be the moſt frequent forerunners of a confirmed lues, and are oftener accompanied with other ſymptoms of this diſorder.

But

But whether these local complaints be considered as the antecedent causes of a confirmed lues, or whether with respect to this disorder they be considered as co-effects of one and the same cause; nevertheless so far as they are occasioned by the external application of the venereal poison, they will be prior in appearance to those that arise from the infectious particles that are received into the blood.

And for this reason we seldom meet with an instance of an acquired lues, but what may be traced originally from some previous symptom in the parts which were first exposed to the impure contact.

And though such symptoms are sometimes merely local, and not accompanied with any infection in the blood, and therefore not to be esteemed as certain signs of this disorder; yet are they of great use as commemorative signs, since whenever local disorders have shewn themselves before-hand, we may conclude from slighter appearances that the blood is infected.

HAVING seen what those symptoms are which arise from the external application of the venereal poison, and therefore usually precede the other symptoms of a confirmed lues; let us next see what effects this poison produces after it is mixed and blended with the blood.

Sign

FIRST then the ſeveral diſorders of the genital parts either increaſe and become more malignant; or break out again after they have been cured; or elſe ariſe anew where they have not been before.

If the patient at preſent labours under a virulent gonorrhœa, the diſcharge increaſes and becomes more acrimonious, and all the inflammatory ſymptoms increaſe likewiſe. If the genital parts or the anus are affected with chancrous ulcers, porri, verrucæ, or any other kind of venereal excreſcences; though theſe ſymptoms were at firſt merely local, they become more ſtubborn and untractable when ſupported by a vitiated ſtate of blood. The ſame thing may alſo be ſaid with regard to buboes; which after they are opened frequently degenerate into ſtubborn, callous, phagedænic ulcers.

Theſe diſorders frequently break out again from the venereal poiſon lurking in the blood after they have been cured. And it is no uncommon thing in a confirmed lues for buboes, ſwellings of the teſticles, chancres, porri, verrucæ and the like to ariſe anew without any manifeſt cauſe. But a virulent gonorrhœa after it has once been cured, never returns without freſh infection.

THE foregoing diſorders are ſometimes accompanied with, and at other times followed by various

various diſorders of the ſkin, the mouth, the throat, the noſe and other parts of the body.

Upon the ſkin we meet with efflorescences of different colours, red, yellow, livid, particularly upon the breaſt and between the ſcapulæ: alſo ſcurfy eruptions and ſuperficial tubercles or puſtules with hard callous baſes, appear in the corners of the mouth and upon the alœ naſi; but eſpecially about the fore-head and temples, and behind the ears: from hence they ſpread over the whole head, and by degrees occupy other parts of the body; but chiefly thoſe that are furniſhed with hair.

In proceſs of time the tubercles or puſtules are covered with broad, ſpreading, cruſty ſcabs of a tawny yellow hue like an honey-comb. Theſe ſcabs when they occupy the hairy parts, deſtroy the roots of the hair, which therefore falls off and a baldneſs enſues. Sometimes they quite ſurround the hairy ſcalp, making what is called the corona veneris; and in this caſe they are reckoned a pathognomonic ſign of a confirmed lues.

To theſe may be added ſeveral other kinds of cuticular eruptions, as the impetigo, ſerpigo, herpes, itch and the like: but theſe are looked upon as ſigns of leſſer note, becauſe they are often original diſeaſes, and not dependent on any venereal infection.

In the palms of the hands however, and ſometimes (but not ſo often) in the ſoles of the feet,

we meet with a cluſter of ſerpiginous eruptions; which inflame and thicken the ſkin, and ſometimes cauſe hard callous itching fiſſures or chops, which diſcharge a thin ichor. When theſe fiſſures are deep, the cuticle often ſeparates from the ſubjacent ſkin, and caſts off in thin ſcales. Theſe eruptions and fiſſures are generally eſteemed a venereal ſymptom.

Laſtly, the nails which are the extreme appendices of the ſkin, become rough, uneven and ragged; and at length the ſkin inflaming and ulcerating about their roots, they looſen and fall quite off. This indeed is a ſymptom, which though formerly taken notice of by writers on this diſeaſe, is rarely met with now a-days. Nevertheleſs I have lately ſeen an inſtance of it.

WHEN the diſorder ſeizes upon the mouth, it produces aphthæ, or little, round, ſtubborn ulcers upon the gums and inſide of the lips; the uvula, tonſils and whole arch of the fauces become hot, painful, inflamed and ulcerated; the ulcerations ſpreading and eating deep, communicate a caries to the palate bones; in conſequence of which the breath becomes offenſive, and the bones exfoliate and ſometimes come quite away. And hence the patient is obliged to ſpeak through the noſe.

In

In like manner tubercles and puſtles ſometimes ariſe in the palate, which degenerate into round, ſtubborn, phagedœnic ulcers; by which the whole bony roof is rendered carious and perforated ſometimes as far as the noſe.

When the diſorder attacks the noſe, ozænæ or ſtinking ulcers fix upon one or both alæ; the outſides of which are generally ſwelled and look red. Theſe ulcers (which for the moſt part are very painful) are ſometimes covered with a hard black ſcab, which comes away in blowing the noſe, and is followed by a bloody mucus: at other times there is no ſcab at all, but a conſtant oozing of thin, acrid, ſtinking ſanies.

Theſe ulcers often ſpread and eat through the alæ, corrode the cartilage, foul the ſpongy bones, and quite deſtroy the whole bridge of the noſe.

ALONG with theſe complaints, and ſometimes precedent to them, the patient is frequently tormented with violent acute pains in the head, arms, ſhoulder-blades, ſhins, and ſometimes in the joints. They generally come on as ſoon as the patient is warm in bed, and go off again towards morning; whence they are called nocturnal pains.

Some of theſe pains are wandering and ſuperficial, others of them are fixt and deep: the former affect the membranes of the muſcles and ligaments of the joints, and therefore reſemble

rheumatic and gouty pains; the latter affect the perioſtium, which inflaming and ſuppurating, the bone is by this means deprived of its covering, in conſequence of which an exfoliation enſues.

THE bones are likewiſe ſubject to various other diſorders. Sometimes the middle and more ſolid parts of the bones (particularly of the ulna, the tibia and bones of the ſkull) ſwell out into larger or ſmaller exoſtoſes; ſome of which are of a cartilaginous ſubſtance, and others truly bony; ſome again are ſpinoſe and prickly, others of a ſmooth and equal ſurface.

The ſpinoſe exoſtoſis by pricking the perioſtium, occaſions a violent acute pain: but when the tumor has a ſmooth ſurface, the pain is ſlighter and eaſier to be born; and in ſome caſes there is no pain at all.

Sometimes the ſpongy extremities of the bones gradually dilate and ſwell to a preternatural ſize, like what is obſerved in ricketty children: and hence proceed pain, difficulty of motion, and the like. Sometimes the external ſurface of the bones become carious and worm-eaten as it were: At other times the membrane that lines the internal cavity of the bones and contains the marrow, inflames, ſuppurates, and produces abſceſſes, exoſtoſes and caries on the inſide of the bone.

Sometimes

Sometimes again the bones are ſoftened by this diſeaſe, ſo as to become as pliable as wax: and Dr. *Aſtruc* ſays that when they are thus ſoftened, they are liable to the ſame diſorders as the ſoft parts; ſuch as inflammation, pain, ulceration, fiſtulæ and gangrene.

The doctor likewiſe tells us that they ſometimes become quite brittle, ſo as to break with little or no force; which he ſays is owing to the whole ſubſtance of the bone being deſtroyed by an univerſal caries.

For the moſt part however, the venereal diſorder affects only the external ſurface of the bones; and the caries and exoſtoſes are oftenеſt met with upon the middle and more ſolid parts of the ulna, tibia, and bones of the cranium. I have likewiſe ſeen the frontal bone rendered quite ſoft by this diſeaſe for about the bigneſs of a ſix-pence. But to proceed.

WHEN the lymph has received the infection, it preſently communicates it to the lymphatic glands, and to the ſeveral parts that are nouriſhed by it.

When the infection is communicated to the glands, it produces indurated, moveable, circumſcribed tumors like ſtrumæ, in the neck, arm-pits, groin, meſentery, and other parts.

The lymph ſtagnating and growing hard between the villi of the membranous and tendinous

parts which it nouriſhes, produces hard indurated tumors; which are called gummata in the muſcles, nodes in the perioſtium, ganglia in the tendons and nerves, and tophs in the ligaments of the joints.

THE eyes and ears are likewiſe variouſly affected in this diſeaſe.

The eye-lids become thick, rough, red and angry, and have verrucæ or other little excreſcences growing upon the edges of them; the tunica conjunctiva is inflamed with a continual diſcharge of thin ſharp tears; the cornea is darkened with nubeculæ or white ſpecks, or elſe is eroded with puſtles and little ulcers which terminate in a ſtaphyloma; a fiſtula lachrymalis alſo ariſes from the inflammation and ulceration of the lachrymal ſac: to omit for the preſent the cataract and gutta ſerena, both which are mentioned by Dr. *Aſtruc* as ſymptoms of this diſeaſe.

When the diſorder affects the ears, it frequently cauſes a hiſſing, tingling noiſe, a thickneſs of hearing and deafneſs; the internal parts of the ear inflame, ſuppurate, and are affected with intollerable pain; the ſmall bones which aſſiſt in the action of hearing are eroded and eaten away with a caries; and from the meatus auditorius there proceeds a thin, ſanious, fœtid diſcharge.

A thickneſs of hearing and deafneſs are frequent concomitants of ulcers in the throat; that is,

is, when the ulcers are ſituate upon or near the opening of the euſtachian tubes.

To theſe may be added many other diſorders which ſometimes ariſe from a venereal cauſe; ſuch as heavineſs of the head, an internal or external head-ach, an hemicrania, vertigo, palſy, couvulſions; cough, aſthma, conſumption of the lungs; jaundice, dropſy, piles; atrophy, maraſmus, hectic and intermitting fevers: alſo ſome diſorders which are peculiar to women, as an ulcer or ſkirrhous tumor of the womb, frequent abortions, the excluſion of fœtuſes half-rotten, or over-ſpread with an univerſal eryſipelas.

In ſhort, the venereal diſeaſe in its confirmed ſtate, is of ſuch a changeable nature, that it puts on the appearance of almoſt every other kind of diſeaſe.

We muſt not however imagine that all the ſymptoms which have been enumerated, are ever met with at one and the ſame time, or in one and the ſame patient. Different people are affected with different ſymptoms: but no one perſon is ever affected with them all.

Nor muſt we imagine that all theſe ſymptoms are proper to the venereal diſeaſe alone. Several of them are common to other diſeaſes: and in ſome caſes it will require the utmoſt ſkill

and attention to diſtinguiſh when they ariſe from a venereal cauſe, and when they do not.

But of this we ſhall ſpeak more fully, when we come to treat of the diagnoſtic ſigns. In the mean time it will be proper to ſhew by what means the venereal poiſon may be conveyed into the blood, and how it produces the ſeveral ſymptoms above-mentioned.

CHAP. II.

By what means the venereal poiſon is conveyed into the blood; alſo how and in what order it acts upon the different humors when it gets thither.

THE venereal poiſon, after having firſt infected the parts by which it enters, may be conveyed into the blood two ways: either by the circulation of the blood itſelf, which in paſſing by the confines of the parts infected, licks up and carries off ſome of the virulent particles along with it; or elſe by the circulation of the lymph, which in its return from the parts which firſt imbibed the infection, conveys the virulent matter along with it, firſt into the lymphatic glands, and afterwards by the left ſubclavian vein into the blood.

When the infection is taken up by the blood, it is preſently diſſeminated through the whole maſs. But when it is taken up by the lymph it commonly occaſions ſome previous diſturbance in

in the neareſt lymphatic glands through which it paſſes.

Hence tumors of the inguinal glands uſually follow upon impure coition, or when the private parts are affected with chancres, or when the patient labours under a virulent gonorrhœa: ſo tumors of the maxillary and parotid glands ſometimes ariſe from venereal aphthæ or ulcers affecting the gums, tongue, palate or throat, in ſuch as have contracted the diſeaſe by ſucking or laſcivious kiſſing: ſo likewiſe tumors of the axillary glands are apt to follow, when the nipples or breaſts are affected with venereal fiſſures or ulcers, or when any venereal ſore ariſes upon the fingers or hands, as has ſometimes happened to perſons exerciſing the art of midwifry.

I am not ſpeaking here of thoſe glandular tumors which ariſe from infection already mixed with the blood, and are properly the ſymptoms of a confirmed lues. The tumors I am now ſpeaking of, are thoſe which ariſe from ſome recent cauſe; and which commonly mark the progreſs of the infection from ſome particular part, by which it was firſt received, into the blood; as from the private parts to the inguinal glands, from the inſide of the mouth to the maxillary or parotid glands, and from the nipples or hands to the axillary glands.

The venereal poiſon, I ſay, when it is taken

up by the circulating lymph, is firſt of all carried to ſome or other of theſe glands; where if it exerts its efficacy ſo as to occaſion obſtruction and tumefaction, a ſtop is put for ſome little time to the further progreſs of the infection.

And if the tumors occaſioned in this manner, are either cautiouſly diſperſed or brought to ſuppuration, according to the methods preſcribed in the former part of this treatiſe, the blood is generally ſpeaking ſecured from infection: but if they are raſhly diſperſed without obſerving the neceſſary precautions, or if they ſpontaneouſly diſappear, the poiſon infallibly gets into the blood, and lays the foundation of a confirmed lues.

When the venereal poiſon is once received within the limits of the circulation, it inſpiſſates the fluids with which it is mixed, and renders them at the ſame time more ſharp and acrimonious. From the inſpiſſation of the fluids proceed obſtructions and indurations in different parts of the body; and from the ſharpneſs and acrimony of the fluids proceed pain, inflammation, ulceration, caries, and the like.

In ſhort, the whole train of ſymptoms which have been enumerated, may be eaſily accounted for from one or other, or both theſe qualities impreſſed upon the fluids by the venereal taint: as will be explained in the ſucceeding chapter.

THOUGH it is manifeſt from experience that all the humors which are derived from the infected blood, are liable to receive the infection from it; yet it muſt be confeſſed that the venereal poiſon affects ſome humors ſooner than it does others, and therefore the particular parts to which theſe humors belong are oftener diſordered than any other.

The venereal poiſon being at firſt produced from the corrupted ſeminal humours, aſſociates with theſe humors more readily than it does with any other. Hence in this diſorder the ſemen or ſeminal fluids are always tainted, by whatſoever way the infection is received; not only when it is received at the genital parts by coition, but likewiſe by ſucking, kiſſing and the like. And hence local diſorders of the genital parts are ſo frequently met with in a confirmed lues.

The next place belongs to the humors of the ſkin; namely, the mucous humor which is depoſited in the cells of the corpus reticulare between the ſkin and the ſcarf-ſkin; and the ſebaceous humor which is ſecreted by particular glands or rather lacunæ of the ſkin. And hence proceed the various diſorders of the ſkin, the ſcarf-ſkin, hair and nails.

The third place belongs to the humors of the fauces and noſe; namely, the mucus of the tonſils and uvula; the mucus of the glands of the palate, gums and inſide of the lips; and the mu-

cus that iſſues from the pituitary membrane of the noſe. And hence proceed the various venereal diſorders of the fauces, palate, gums, inſide of the lips and noſe.

The fourth place is due to the unctuous and mucilaginous humors, which are deſigned by nature to facilitate the motions of the joints and muſcles; as the ſynovia which is ſecreted by the glands of the joints in order to lubricate the heads of the bones; the humor that proceeds from the glands of the membranes which inveſt the tendons and muſcles; and alſo the humor which diſtils from the glands of the perioſtium, in order to preſerve it ſoft and ſmooth. From hence the different kinds of venereal, rheumatic, arthritic and iſchiatic pains proceed.

Next comes the fat, oily, medullary juice of the bones: as well that which is contained in the larger cavities of the bones; as that which is confined in the cells at its extremities, and between the various interſtices of the bony camellæ. And hence proceed anchyloſes, caries, and exoſtoſes of the bones.

The next humor which is liable to be infected is the lymphatic juice, which is common to the whole body, and with which every part is bedewed and nouriſhed. This juice being inſpiſſated and rendered acrimonious by the venereal poiſon, inflates and ſwells the lymphatic glands through which it paſſes, the lymphatic veſſels by which

which it is carried, and the tendinous and membranous parts which it nouriſhes. And hence proceed ſtrumæ or tumors reſembling ſtrumæ, gummata of the muſcles, nodes, ganglia and tophs.

The ſeventh place is due to the humors which are proper to the eyes, or the parts belonging to the eyes; as the viſcid humor which diſtils from the margin of the eye-lids; the ſebaceous humor which is expreſſed from the caruncula lachymalis in the greater canthus of the eye; the lymphatic humor which iſſues by an infinite number of fine ducts from the whole face of the tunica conjuntiva and cornea; the lachrymal humor that flows from the lachrymal glands ſituate upon the bulb of the eye; laſtly, the lymphatic humors which conſtitute the aqueous, chryſtalline and vitreous humor of the eye. And hence proceed the various diſorders of the eyes and eye-lids.

Laſtly, the wax of the ears, and the bilious juice are alſo ſenſible of the effects of the venereal poiſon. Hence the wax of the ears becomes thicker than uſual; and by its ſtagnation cauſes heat, inflammation and pain in the meatus auditorius; and being ſharper and more acrimonious than ordinary, it cauſes herpes, rhagades, and ulcerations in the ſame part.

In like manner the vitiated bile becoming thicker than uſual, and ſtagnating in the excre-

tory ducts of the liver, brings on obſtructions, and ſkirrhous tumors in this part; and hence proceed the jaundice, dropſy, piles: alſo being more acrimonious than ordinary, it ſtimulates the inteſtines through which it paſſes into diarrhœas, dyſenteries and hepatic fluxes.

SUCH is the order in which the venereal poiſon affects the ſeveral humors, provided nothing extraordinary happens, and nature be left to follow her own courſe. Nevertheleſs we find by experience that many things do frequently intervene which interrupt and pervert this order. Thus if there be any natural or accidental weakneſs in ſome particular part, or any fault in the formation of it; ſuch part (other circumſtances being equal) will be ſooner affected with this diſeaſe than it would otherwiſe have been, according to the ordinary courſe of nature. So preceding diſorders of the eyes, lungs, uterus, &c. give occaſion to the venereal poiſon to attack thoſe parts ſooner and with greater violence than it would otherwiſe do.

If any ſharp humors ſhould flow in greater plenty than ordinary from ſome particular part; ſuch flux of humors will uſually carry the venereal poiſon along with it, and affect that particular part ſooner than any other. So an obſtinate diarrhœa, a violent coryza or defluxion from the noſe, the whites in women, *&c.* occaſion very unexpected

unexpected ſymptoms in the inteſtines, noſe, fauces, uterus, &c.

If any particular humor happens to be vitiated by any other kind of contagion, the venereal poiſon being added to it will from thence contract a much greater degree of energy: and theſe two poiſons acting in conjunction, will bring a more violent and ſudden diſorder upon the parts to which ſuch humor belongs. So the ſtrumous poiſon with which the lymph, or the ſcorbutic with which the ſaliva is infected, adds ſuch a ſpur to the venereal poiſon, that it quickly produces ſtrumous ſwellings in the conglobate glands or ulcers in the gums.

Laſtly, if by any accident there ſhould be a defluxion of humours upon ſome particular part, the venereal poiſon will be more apt to ſtagnate in, and ſooner affect that part than it would otherwiſe do. So it often happens in infected perſons, that upon an accidental contuſion of the bone, there ſhall ſuddenly ariſe an exoſtoſis; after a luxation or ſprain, an anchyloſis or arthritic pains ſhall ariſe; upon a part that has ſuffered from cold, a palſy ſhall come on; from a ſlight excoriation, herpes, and ſo on.

HAVING premiſed thus much, I ſhall deſcend to a more particular explication of the ſeveral ſymptoms of a confirmed lues; beginning

ning with thoſe of the genital parts, and proceeding to the reſt according to the order obſerved above.

CHAP. III.

A particular explication of the ſeveral ſymptoms of a confirmed lues.

Diſeaſes of the genital parts.

IN the genital parts there are four humors to be particularly diſtinguiſhed, which are liable to be infected by the venereal poiſon ſo as to produce local diſorders in theſe parts.

The firſt of theſe humors is the prolific ſemen, which is prepared and ſeparated in the teſticles of men, and afterwards depoſited in the ſeminal veſicles: the next is the unprolific ſemen of either ſex, namely, the liquor of the proſtate, Cowper's, and lacunal glands of the urethra in men; and of the proſtate, Cowper's, and botryform glands of the vagina in women: the third is the ſebaceous humor of the cutaneous glands, which beſet the glans and internal part of the prepuce in men, the pudendum in women, and the parts about the anus in both ſexes: the laſt is the mucous humor which lies between the cuticle and the ſubjacent ſkin in the glans, prepuce, and pudendum muliebre, as well as in the other parts of the body.

When

When theſe humors are infected by the venereal poiſon derived from the blood, not only thoſe local diſorders the patient already labours under will be greatly aggravated, but freſh diſorders will likewiſe ariſe.

If therefore a perſon already labouring under a confirmed lues, ſhould happen to contract a *recent clap*; the ſeminal humors which are corrupted by the adventitious poiſon, will at the ſame time receive the poiſon from the infected blood. And hence the virulency of the diſorder increaſing daily by the continual acceſſion of freſh fuel, the *gonorrhœa* becomes more malignant and obſtinate, and the running is longer protracted and more apt to return again.

For the ſame reaſon, that is, from the corruption of the ſeminal humors being increaſed and ſupported by the poiſon lurking in the blood, the lymph which circulates through the ſeminal veſicles, proſtate, and Cowper's glands, is inſpiſſated and hardened into *callous bodies*; which become daily harder and harder, and at length degenerate into *impoſthumations*, *ulcers*, or *fiſtulæ*: as has been ſhewn in the former part of this treatiſe.

In like manner, if chancrous ulcers, buboes or excreſcences ſhould ariſe anew upon an old pox from impure but recent venery; theſe ſymptoms, by reaſon of the conſtant ſupply of fuel from the diſtempered blood, will be attended with a greater

greater ſhare of malignity, than if they only aroſe from the poiſon but juſt admitted. Hence therefore the ulcers, abounding with a more acrimonious matter, will become phagedœnic; the *buboes*, *porri*, &c. being indurated or nouriſhed with a more viſcid lymph, will be more ſtubborn and rebellious, and frequently degenerate into *ſkirrhous* and *callous bodies*.

But if we ſhould ſuppoſe that a perſon whoſe blood is already tainted, has not contracted any new infection; nevertheleſs the ſeminal humors will be infected by the venereal ferment which is transfuſed into them from the blood. Hence the lymph which circulates through the teſtes, ſeminal veſicles, proſtate and Cowper's glands, (and which carries along with it ſome of the thinner parts of the ſeminal fluids) will likewiſe partake of the ſame contagion: by which means being inſpiſſated and rendered too thick, it will ſtagnate in the inguinal glands, and produce *buboes* as has been ſhewn in another place.

If the ſemen ſhould become too viſcid and thick, it will not be able to paſs through the fine windings of the ſpermatic veſſels, nor aſcend from the teſtes to the veſiculæ ſeminales. Hence the ſpermatic veſſels will be diſtended by the quantity of ſtagnating ſemen, and form a tumor called *ſpermatocele*: the reflux of the blood being obſtructed, there will ariſe varixes in the coats of the veins, and from hence a tumor called *varicocele*;

cele: the thicker part of the lymph being retained, ſome parts of the teſtes will grow out into fleſhy ſwellings, and form what is called a *ſarcocele:* laſtly, from the ſtagnation of the blood or lymph, ſome portion either of ſerum or flatus will force its way into the tunica vaginalis, ſo as to form either an *hydrocele* or a *pneumatocele.*

Again, if the glans or prepuce in men, or the pudendum in women ſhould be bedewed and moiſtened by the virulent ſemen, which is emitted either by nocturnal pollutions, or in coition though with a ſound perſon, or by a gleeting after making water; the ſubjacent mucous humor will be infected by the more ſubtile parts of the poiſon penetrating through the cuticle; and the baſes of the cutaneous papillæ will be quickly indurated by the infected mucus that flows around them. Hence it will come to paſs, that the papillæ of the ſkin (from the retention of the thickened lymph with which they are nouriſhed) will grow out and ſpread themſelves into *porri, verrucæ, condylomata* and the like.

But if the more acrimonious part of the emitted ſemen ſhall inſinuate itſelf into the gaping orifices of the ſebaceous glands which are ſituate upon the prepuce, glans, and pudendum muliebre; the humor which is contained in them will become more viſcid and acrimonious. And hence theſe glands will be enlarged ſo as to form little

pimples,

pimples; which from the acrimony of the virulent humor, will be eroded and degenerate in a ſhort time into little round *chancrous ulcers*.

But it has never yet been obſerved that the ſemen can contract ſo great a degree of virulency from the infected blood, that it ſhall be able to bring on a virulent gonorrhœa afreſh, without the acceſſion of ſome new infection from impure venery. But an old gonorrhœa that remains imperfectly cured, may be renewed and brought on afreſh by the acrimony of the vitiated blood and ſemen.

If the fæces are beſmeared with the virulent mucus of the inteſtines, they will inſpiſſate the ſebaceous humor that is contained in the lacunæ which are ſituate about the anus. This humor therefore being accumulated in, and dilating the lacunæ, will produce various tumors and excreſcences about the anus; ſuch as the *fraga*, *mora*, *fici*, &c.

If the humor which diſtils or is excreted from the anus, be very ſharp and acrimonious, it will erode and ulcerate the wrinkles of the anus. And hence proceed the *rhagadia* or *fiſſures* of the *anus*.

But the *porri*, *verrucæ* and *chancrous ulcers* of the genital parts, as alſo the *fraga*, *mora*, *fici* and *rhagadia* of the anus, may likewiſe be cauſed by the venereal poiſon which is brought to theſe parts by the circulation, without the intervention either of the ſemen or the inteſtinal mucus.

Diſeaſes

Diſeaſes of the ſkin.

THERE are two humors in the ſkin which are eaſily infected by the venereal poiſon; namely the mucous humor that is confined in the ſpongious cells of the corpus reticulare malpighij, which is ſituated immediately under the cuticle; and the ſebaceous humor which exſudes from the glands, or rather from the villi or lacunæ of the ſkin.

If the mucous humor be infected with the venereal poiſon, it will from thence contract a greater acrimony; by which means it will prick and vellicate the cutaneous fibres; and hence will proceed frequent *itching*, and *tettery eruptions*. Then the ſmall fibres by which the cuticle is tied down to the cutis being eroded, the looſened cuticle will be blown up into ſmall bladders filled with a ſharp ſerum, which being broken will form ſmall ulcers; and hence a venereal *ſcabies* or *itch*. Laſtly, the diſorder increaſing will occaſion larger exulcerations, whence the cuticle being eroded will dry up and fall off like bran; and hence proceeds the *dry*, *furfuraceous*, *puſtular*, *miliary corroding herpes*.

As the cuticle is no where thicker and harder than in the palms of the hands, and ſoles of the feet; for this reaſon the mucous humor that lies hid underneath, tranſudes through the pores with greater

greater difficulty, than it does in parts where the cuticle is thinner. Being therefore retained longer and collected in greater plenty, it produces a greater degree of heat and itching in these parts. Hence the cuticle being eroded and dried, will divide into callous itching *clefts* and *fissures*, discharging a thin sharp ichor: nay sometimes when the fissures are deep, the cuticle separates from the subjacent skin, and casts off like exuviæ

If the same mucous humour be infected with a poison of a less virulent and acrimonious nature, so as only slightly to erode the surface of the skin in certain parts of the body, without hurting the cuticle; the cutaneous vessels being a little corroded and opened, will let some small drops of blood escape; which being blended with the mucous humor under the cuticle, will destroy its native clearness. And hence will proceed plain, flat, distinct *spots*, or *efflorescences* on the skin; which are either livid, purple, red, or yellow; according to the greater or lesser quantity of the extravasated blood, and according as the blood inclines to a bilious or any other colour.

We learn from anatomy, that every single hair of the body takes root with a bulbous, round cartilaginous head, which is buried in the skin, as it were in a flower-pot; and that it receives its nourishment by several slender, soft, mucilaginous fibres which grow out of the bulbous root.

From

From hence it follows that the hair may fall off from three cauſes: firſt, if the lymph whereby they are nouriſhed ſhould be ſo ſharp and acrimonious as to corrode the ſlender fibres of which the hairs are compoſed, leaving the mucilaginous fibres whereby they receive their nouriſhment unhurt; 2dly, if the lymph ſhould be endued with ſo great a degree of virulency, as to deſtroy the mucilaginous fibres themſelves; laſtly, if the bulbous roots ſhould be eroded and deſtroyed by ſcabs or ulcers on the ſkin. And hence proceed the *falling off* of the *hair*; the *baldneſs* of the head; and the *thinneſs* of the *hair* upon the eye-brows, cheeks, chin, groin, and other parts of the body.

We find in like manner that the nails (which are deſigned to adorn and defend the ends of the fingers) are formed from productions or elongations of the tendinous and nervous papillæ of the ſkin ſtrictly united and bound together; that they are every where ſurrounded by the corpus reticulare of the ſkin; and that they receive their nouriſhment and growth at their ſoft and pulpous roots from a viſcid lymph. If therefore the viſcid lymph which is ſupplied to the ſoft roots of the nails, ſhall become too thick and acrimonious from the venereal poiſon being mixt with it; it will inflame, corrode, ulcerate and deſtroy the ſoft and pulpous fibres at the roots of the nails. And hence proceed *roughneſs* and *thickneſs* of the

nails,

nails, *whitlows*, *inflammations* and *ulcers* at the roots of the nails; whence the nails themſelves at length fall quite off.

If the ſebaceous humor which is depoſited in the lacunæ of the ſkin in order to render the cuticle ſoft and ſmooth, happens to be infected with the venereal taint, it will be thickened and rendered more acrimonious. From its thickneſs it will ſtagnate in the lacunæ, which will therefore be enlarged ſo as to produce ſmall, diſtinct, hard, round, *cutaneous tubercles*: and by its acrimony it will erode the tops of the tubercles, and produce *venereal puſtles*, or hard, round, *cutaneous ulcers*; which are ſometimes moiſt and running, but are generally covered either with a *ſcaly*, *branny* ſcurf, or elſe with a hard *yellow ſcab*. Theſe tubercles and ſcabby ulcers frequently occur about the corners of the mouth, the alæ naſi, the head and all the hairy parts of the body.

Diſeaſes of the mouth and noſe.

THERE are two humors in the mouth with which the venereal poiſon readily mixes: the firſt is the viſcous humor which is ſecreted in the cells of the tonſils, the glands of the uvula and the whole arch of the fauces: the ſecond, is the ſebaceous humor which exſudes from the ſmall glands or lacunæ of the gums and palate. To theſe may be added the mucus which flows from

 the

the glands of the membrana pituitaria, and moiſtens the internal parts of the noſe.

The mucus of the fauces, if it partakes of the venereal infection, becomes thicker than ordinary; and ſtagnating in the glands and cells in which it is contained, produces tumor, pain, heat and inflammation of the tonſils, uvula and fauces. By degrees it becomes more ſharp and acrimonious, and by corroding theſe parts produces ulcers. From hence proceed ill-digeſted, ſtubborn, phagedænic *ulcers* of the *tonſils*, *uvula*, and *fauces*; by which the bones of the palate being rendered carious, are often entirely conſumed, and a paſſage is opened into the noſe.

The ſame thing may alſo be ſaid of the ſebaceous humor ſecreted by the glands of the palate; which being inſpiſſated by the venereal poiſon will ſtagnate in the ſaid glands, and produce round, diſtinct, hard tubercles, a little pointed at top; ſometimes inflammatory and painful, at other times free from inflammation and void of pain. At length the humor growing ſharp and acrimonious, will corrode the tops of the tubercles into *round*, *ſtubborn*, *malignant ulcers*; by which the bony roof will be rendered carious, and perforated ſometimes as far as the noſe.

In like manner, if the ſebaceous humor of the gums be infected with the venereal poiſon, it will produce *aphthæ* or ſmall, round, ſtubborn *ulcers* on the *gums*; abſceſſes between the gums and the

roots

roots of the teeth; and laſtly, the matter inſinuating itſelf into the membrane which inveſts the roots of the teeth, cauſes *pain*, *looſeneſs*, *caries*, and *falling out* of the teeth.

Alſo the mucus of the noſe, if it be thickened by the venereal poiſon, will ſtagnate and enlarge the glands in which it is contained: and if from the ſame cauſe it acquires too great an acrimony, by corroding the pituitary membrane it will produce *phlyctenæ*, and *ozænæ* or painful, ſtinking and malignant *ulcers* on the inſide of the noſe. From hence will proceed a *caries* of the *oſſa ſpongioſa*, *triangularia*, and the *vomer* itſelf: whence the whole chamber of the noſe being deſtroyed, and the bridge of it falling in, the party becomes flat-faced like an ape.

The uvula being corroded by ulcers, and the bones of the palate and noſe deſtroyd by a caries, the paſſage through which the air is carried muſt neceſſarily become wider. From hence the tone of the voice will be altered, and a *ſnuffling*, *hoarſeneſs*, and *loſs* of *ſpeech* will enſue; the two laſt of which may likewiſe be occaſioned by the inflation, hardneſs, roughneſs, eroſion and ulceration of the trachæa, glottis and epiglottis.

Laſtly, the air which is thrown from the lungs in exſpiration, muſt, as it paſſes through the ulcerated fauces, carry ſeveral of the virulent miaſmata along with it; and from thence it muſt contract a very filthy ſtench. And hence

it

it is that people who are afflicted with venereal ulcers of the mouth and noſe, commonly diſcover it by a *ſtinking breath*.

Of venereal pains.

THERE are three humors which are prepared by nature to facilitate the motion of the joints; all which are eaſily affected by the venereal poiſon.

The firſt is the mucous humor, with which the external ſurface of the muſcles is moiſtened, in order to render them ſmooth and fit for motion: the ſecond is the ſynovia or mucilage of the joints, which is ſecreted by the ſynovial glands, in order to leſſen the friction of the bones againſt one another: the laſt, is the mucilaginous humor with which the external ſurface of the perioſtium is beſmeared, to the end that the muſcles which lie upon it, may be moved with the greater eaſe and freedom.

From hence may be deduced the ſeveral kinds of venereal pains, with which infected perſons are tormented in a moſt miſerable manner.

Thus, if the *muſcular mucilage* being inſpiſſated by the venereal venom, ſhall happen to ſtagnate in the membrane of the muſcles, it will raiſe little *grandinous tumors*; whence the courſe of the blood being obſtructed or retarded, a

rheumatic, *tenſive*, *pulſative* pain, together with a manifeſt inflammatory ſwelling will come on. If the humor preſerves its fluidity ſo that it does not ſtagnate but only becomes more virulent and acrimonious; by vellicating and ſtimulating the ſenſible fibres, it will produce a *rheumatic*, *ſharp*, *pungent pain*, attended with heat, but without tumor or inflammation.

Pains of this kind occupy the arms, ſhoulders, legs, thighs and loins, according as the lymph in this or that part happens to be affected; and they are either wandering or fixed, according to the manner in which the lymph is affected. Thus if the lymph be inſpiſſated ſo as to ſtagnate in any part, the pains will be fixed; but if it preſerves its fluidity, and does not ſtagnate, the pains will be wandering and uncertain. Under the head of *rheumatic* pains may be reckoned the *lumbago*, and *iſchaiatic pain*, ſince both of them belong to the muſcles.

In like manner, if the *ſynovia* which is ſecreted by the glands of the joints, ſhall happen to be thickened by the venereal poiſon, ſo as to obſtruct and inflame theſe glands; an *arthritic* pain attended with heat, redneſs, tenſion, pulſation and inflammation will ariſe. But if the *ſynovia* retaining its fluidity, ſhall become more ſharp and acrimonious; the ligaments of the joints will be more deeply affected, and a ſharp, pungent, *arthritic* pain will be brought on; attend-

ed with heat, but for the moſt part without tumor and inflammation.

If the mucilage of the muſcles, and that of the joints are both affected at the ſame time, there will be a *mixture* of *rheumatic* and *arthritic* pains.

The laſt kind of venereal pains are thoſe which affect the perioſtium. Thus if the perioſtium be diſtended and inflamed, by the ſtagnation of the lymph with which it is ſupplied; there will be a *violent fixt pain* attended with heat, tenſion and inflammation. If the lymph does not ſtagnate, but only by its ſharpneſs and acrimony, pricks and vellicates this membrane; the pains indeed will be ſharp and pungent, but *leſs fixt* and attended with little or no heat. Laſtly, if the perioſtium be diſtended by the ſudden growth of an exoſtoſis underneath, there will be a piercing pain like that produced by the trepan. Theſe ſorts of pains are commonly met with upon the ulna, tibia, and bones of the cranium; and when they are long fixed to one part, are often the fore-runners of a foul bone.

Diſeaſes of the bones.

THE *medullary juice* which is peculiar to the bones, is ſecreted and contained in exceeding fine web-like veſicles: which veſicles, in the middle and internal cavities of the bones, are

collected together and contained in one common membrane; but in the ſpongy extremities of the bones, are diſtributed in a multitude of ſeparate, diſtinct cells: laſtly, in the hard and ſolid part of the bones, they occupy the little ſpaces which exiſt between the lamellæ or plates of which the bones are formed.

This *medullary* juice is every where liable to be infected with the venereal poiſon, but ſooneſt in thoſe parts where its receptacles are moſt expoſed to the external cold: and therefore the juice which is interſperſed between the lamellæ of the harder bones, is moſt eaſily affected: and hence it is that *caries* and *exoſtoſes* are ſo frequently met with upon the *tibia*, *ulna* and *frontal bone*; theſe bones being only covered with the common teguments. The next place belongs to that portion of the medullary juice, which is depoſited amongſt the cells in the ſpongy ſubſtance of the heads of the bones; which being affected by the venereal poiſon, produces *anchyloſes* and caries of the ſofter bones. The laſt place belongs to that which is contained in the internal or medullary ſubſtance of the bones: which indeed is the ſeldomeſt affected of any; but when it is, it cauſes *abſceſſes* and *caries* in the internal cavities of the bones.

But to conſider theſe diſorders more diſtinctly.

2 *Exoſtoſis.*

Exoſtoſis. AN *exoſtoſis* is a circumſcribed tumor of the bones; of which there are two kinds, the ſpurious and legitimate. The *ſpurious exoſtoſis* ariſes without any diſorder in the bone itſelf, merely from a ſwelling in ſome particular part of the perioſtium; which from the ſtagnation of the lymph, tumefies, grows hard and ſkirrhous, and adheres ſo cloſely to the bone, that it ſeems continuous to and of one ſubſtance with it. This tumor however is much ſofter, than if it was formed of the bone itſelf; and it is extremely painful; becauſe the perioſtium is endued with a very exquiſite ſenſe. This tumor ſometimes ſuppurates and produces a caries of the ſubjacent bone.

The *legitimate exoſtoſis* is a tumor formed from the bone itſelf; and therefore is quite hard and for the moſt accompanied with little or no pain. It is ſubdivided into two kinds. In the *firſt* the riſing part of the bone forms itſelf into an hollow arch; under which are a great number of ſmall caverns, ſeparated from one another by bony lamellæ, and full of a firm, hard, fleſhy or cartilaginous ſubſtance. And this kind of exoſtoſis is produced by the inſpiſſation and ſtagnation of the medullary juice between the bony lamellæ; which are therefore gradually dilated into larger cavities, ſo as to lift up the external ſurface of the bone into an arch.

In the *other kind* of legitimate exoſtoſis, the bony tumor is quite ſolid within; it is alſo whiter and more like ivory than the reſt of the bone; nor are there any cells or cavities to be diſcovered in it. And this kind of exoſtoſis is occaſioned by the too plentiful nouriſhment of of ſome particular part of the bone; which may happen from the bony lamellæ being half eroded either by the acrimony of the medullary juice which is contained between them, or from an acrimonious lymph dripping from the perioſtium upon the ſubjacent bone: for in either caſe the bone being in ſome meaſure ſoftened, will more eaſily yield to the acceſſion of the nutritious juice; and hence it will grow out in the ſame manner as fungous excreſcences do upon fleſhy parts.

But in both kinds of legitimate exoſtoſis there will be little or no pain; becauſe the bone itſelf in which they are formed, is void of ſenſation; and becauſe the perioſtium is diſtended only by a gradual and ſlow expanſion. Nevertheleſs there are ſome kinds of exoſtoſis, in which little ſharp ſpines or prickles ariſe from the ſurface of the bone, which by vellicating the perioſtium, occaſion very exquiſite and acute pain.

It has been already obſerved that the medullary juice is moſt eaſily affected, where it is moſt expoſed to the external cold. It may likewiſe

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be obſerved, that exoſtoſes are very apt to ariſe in thoſe parts of a bone that have ſuffered from ſome external violence.

Hyperoſtoſis. The hyperoſtoſis is a tumor of the ſpongy bones; in which they are diſtended and enlarged through their whole ſubſtance, and not in one part only as in the exoſtoſis.

This ſpecies of tumor happens in the venereal diſeaſe from a three-fold cauſe: firſt becauſe the bony cells of which the ſpongy bones conſiſt, are greatly diſtended by the inſpiſſated medullary juice: ſecondly, becauſe theſe cells being half eroded by the acrimony of the venereal poiſon, eaſily yield to the acceſſion of freſh nutritious juice, from whence their bulk gradually increaſes: laſtly, from a conjunction of both cauſes, namely, becauſe the bony cells are dilated and enlarged by the ſtagnation and accumulation of the inſpiſſated medullary juice; and becauſe, being in ſome meaſure ſoftened by the acrimony of the venereal poiſon, they are likewiſe more plentifully nouriſhed at the ſame time: for the acceſſion of the nutritious juice to any particular part always increaſes in proportion to the ſoftneſs and yielding diſpoſition of that part.

Hence it happens that the heads of the bones which conſtitute the joints, are ſometimes enlarged in the venereal diſeaſe: for the heads of the bones are to be reckoned amongſt the ſpongy bones.

Amongſt the other ſpongy bones and heads of the bones, thoſe which are covered with but little fleſh, and are therefore moſt expoſed to the external cold (as the clavicles, ribs, coccyx, and the bones which form the joints of the feet, knees, and elbows); and alſo thoſe whoſe texture has been weakened by ſome blow, fall or bruiſe, are the moſt liable to be affected with an hyperoſtoſis.

As the ſpongy bones or heads of the bones cannot be enlarged without diſtending the perioſtium and ligaments with which they are ſurrounded; hence therefore will ariſe pains reſembling the gout and rheumatiſm.

Laſtly, the ſweling in an hyperoſtoſis is ſeldom equal and uniform through its whole ſurface: but for the moſt part there are certain *gibboſities* and *inequalities* to be obſerved, according to the inequality with reſpect to the thickneſs and ſolidity of the different parts of the bones: and hence proceed various deformities of the joints in venereal patients.

Caries. A caries or rottenneſs of the bones is likewiſe frequently met with in infected perſons.

It ſometimes happens that the external perioſtium inflames and ſuppurates; and the bone being by this means deprived of its covering, and likewiſe of the nouriſhment it receives from thence,

thence, its external lamella mortifies as it were, and grows black, and at length an exfoliation enſues: But this does not produce a true caries, unleſs the matter be ſuffered to lie ſo long upon the bone, as to corrupt the medullary juice.

For a true caries proceeds from the acrimony of the virulent lymph or medulla; which penetrating deeply into the ſubſtance of the bone, ſo looſens the bony lamellæ, and ſo corrodes and deſtroys the ſolidity of them; that at length the bones become quite rotten, and are perforated with a multitude of ſmall holes, like a piece of wood that is worm-eaten.

This diſorder ſometimes occupies the whole bone, and ſometimes only a particular part of the bone. It is ſometimes external and ſuperficial; that is, when the external perioſtium having ſuppurated, the matter has been ſuffered to lie upon the bone for any time; or when the external part of the bone has been affected with an exoſtoſis. Sometimes again the caries is internal; namely, when the internal perioſtium, and the medullary ſubſtance which is contained in the middle of the bone, are affected. Laſtly, it is ſometimes both internal and external; and this either when the internal caries meets the external; or (which is more frequent) when the internal caries extends itſelf to the outer ſurface, or the external penetrates to the inner cavity of the bone.

Sometimes the caries ſurrounds the bone like a ring, that is, when it ariſes from the diſorder of ſome particular part of the medullary ſubſtance, which is contiguous to that part of the containing bone.

If the caries be ſeated in a ſoft and ſpongy part of the bone, where the medullary ſubſtance (which is ſenſible of pain) abounds; and if the acrimony of the virulent matter be very great, it will be accompanied with a ſharp burning pain. But on the other hand the caries will be attended with little or no pain, if it be ſeated on a hard, thick, firm part of the bone, where there are very few ſenſible parts, or if it be occaſioned by a ſluggiſh, ſlow-corroding humor.

If the bones that are affected with a caries are ſoft and ſpongy, and if the blood at the ſame time happens to be in a thin, watery ſtate; the carious bone will furniſh a large diſcharge of ſtinking ichor. On the contrary, if the caries happens in a hard and ſolid part of the bone, and the blood be in a dry ſtate, the diſcharge will be leſs conſiderable.

Brittleneſs of the bones. Laſtly, in every caries of the bones, the texture and firmneſs of the bony lamellæ will be ſo much the more weakened and deſtroyed, by how much the caries ſhall ſpread wider and penetrate deeper. And hence when the caries occupies the periphery of the bone in an annular form, it ſometime becomes

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ſo brittle as to ſnap and break in two with the ſmalleſt force.

Abſceſs in the inſide of the bone. It appears from the ſtructure of the medullary ſubſtance, which is contained in the middle of the harder bones, that it may be affected by the venereal poiſon with the ſame diſorders as the other ſoft parts; ſince it is compoſed in like manner of membranous veſicles, nerves, arteries and veins.

It is not indeed ſo eaſily affected as the medullary juice which is contained between the external lamellæ of the bones; nor as that which is diſtributed amongſt the cells of the ſpongy bones: becauſe its ſituation being deeper, it is better defended from the injuries of the external cold. But in other reſpects it is liable to be affected in the ſame manner.

Accordingly the oily juice which is contained in the membranous veſicles of the medullary ſubſtance, is ſometimes inſpiſſated by the venereal poiſon into a ſebaceous or ſuety conſiſtence: which by degrees being further hardened, becomes at length perfectly ſkirrhous, and ſometimes carcinomatous.

Sometimes again the membranous veſicles (being turgid with the inſpiſſated medullary juice, and at the ſame time ſtimulated by the acrimony of the venereal poiſon) inflame and

ſuppurate, and an abſceſs is formed on the inſide of the bone.

Laſtly, the medullary juice having contracted a corroſive quality from the venereal poiſon, does ſometimes corrode the membranous veſicles; and without forming any abſceſs, produces a ſtubborn malignant ulcer on the inſide of the bone.

The medullary ſubſtance being thus either ſuppurated or having an ulcer formed in it, a ſenſation of pain will be produced in the meditullium of the bones: and this pain (which frequently reſembles the breaking of a bone) will be more or leſs violent, according as the nervous fibres which are interwoven with the medullary ſubſtance are more or leſs tenſe; and in proportion to the degree of inflammation, and the ſtimulus the nerves receive from the acrimony of the contained juice.

The diſeaſed medulla will likewiſe ſo vitiate the inner ſurface of the bone, that a caries and exoſtoſis will be brought on: which if the diſorder be ſlight, may affect only the inner ſurface; but if the diſeaſe be violent and ſpreads outwardly, will extend to the outer ſurface of the bone. The caries and exoſtoſes are ſometimes univerſal, and extend through the whole length of the bone, that is, when the whole medulla is corrupted: at other times they are only partial and ſurround the periphery of the bone,

as

as happens when only part of the medulla is diſeaſed

Laſtly, from the falling down of the pus, ichor, or ſanies which diſtil from the corrupted medulla, when it has once formed an abſceſs or ulcer, the lower end of the bone which is of a ſpongy texture, becomes ſoon affected: hence proceed an *hyperoſtoſis*, *caries*, *impoſthumation*, *anchyloſis*, and the like.

Oſteoſareoſis. THE laſt diſorder with which the bones are liable to be affected is the oſteoſareoſis: a diſeaſe in which the bones becoming gradually ſoft, degenerate into a cartilaginous and ſometimes into a fleſhly ſubſtance.

The bones may be affected with this diſeaſe from other cauſes: but it is moſt frequently produced by the acrimony of the venereal poiſon, of which examples enough may be found in the writers of medicinal obſervations.

It is occaſioned by the hard, ſolid, earthy parts of the bone being diſſolved by the acrimony of the virulent humor with which they are ſupplied, while the membranous, cartilaginous, and vaſcular parts remain untouched: juſt as iron and braſs are diſſolved in aqua fortis, with which the ſoft wax is not at all affected. The ſoft parts therefore remaining unhurt receive life and nouriſhment from the blood and ſpirits; and being moulded into the ſhape of the diſſolved bone, reſemble the ſubſtance of a cartilage

tilage or ſometimes of fleſh, and become at length as flexible as wax.

The bones, after they are thus degenerated into the nature of fleſh, are obnoxious to all the diſeaſes of the ſoft parts, as inflammation, ſuppuration, gangrene and the like. For proof of which Dr. *Aſtruc* refers us to ſeveral authors who are particularly mentioned in his book.

Glandular and lymphatic tumors.

THE lymph is a ſerous limpid humor, which at the extremities of the ſanguine arteries is ſeparated from the blood by exceding fine tranſparent veſſels called lymphatic arteries. From the lymphatic arteries this humor, after having contributed to the nouriſhment of the parts into which it has been infuſed, paſſes into the lymphatic veins; which are compoſed of an exceeding thin tranſparent web-like coat, ſeparated by a great number of valves at little diſtances from one another.

Theſe lymphatic veins terminate at frequent intervals in conglobate or lymphatic glands; into which they convey the lymph for the uſes to which it is deſtined by nature; till at laſt meeting with no more obſtacles, they empty themſelves into the receptaculum chyli, or thoracic duct; and from thence into the left ſubclavian vein, where the lymph is again mixed and blended with the blood.

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If therefore the lymphatic humor happens to be tainted with the venereal poiſon, and from thence becomes thicker than ordinary; it will ſtagnate in the ſeveral lymphatic glands through which it paſſes: and hence proceed *ſkirrhous tumors* of the ſeveral lymphatic glands which are ſituate in the *neck*, *arm-pit*, *groin*, *meſentery* and other parts. If the lymph at the ſame time be very acrimonious, theſe tumors will degenerate into *abſceſſes* and *ulcers*; and in ſome bad habits they may become *cancerous*.

In like manner, if the lymph being inſpiſſated by the venereal poiſon, ſhall ſtagnate in the membrane of the muſcles, or in the cellular membrane under the ſkin, it will occaſion round ſmooth tumors, called *gummata*: if it ſtagnates in the texture of the tendinous and ligamentous parts, it will occaſion *nodes* in the perioſtium, *tophs* in the ligaments of the joints, and *ganglia* in the nerves and tendons.

Diſeaſes of the eyes:

In the eyes and parts belonging to the eyes there are ſeveral humors with which the venereal poiſon frequently unites itſelf: namely, the viſcid ſebaceous humor that iſſues from the edges of the eye-lids; the viſcid humor which proceeds from the caruncula lachrymalis in the greater canthus of the eye; the thin lymphatic

phatic humor which iſſues from the whole ſurface of the cornea and conjunctiva; the lachrymal humor which is ſecreted by the lachrymal gland ſituate in the upper part of the orbit; and laſtly, thoſe humors which conſtitute the vitreous, and chryſtalline humors of the eye.

If the ſebaceous humor of the eye-lids be inſpiſſated by the venereal poiſon, it will ſtagnate in its lacunæ or little glands, which it will dilate into hard, round or oval *tubercles*: and hence ariſe *chalazia*, *grandines*, and *hordeola* upon the margin of the eye-lids. But if from the acrimony of the poiſon it ſhall acquire a corroſive quality, it will inflame and occaſion *ſmall ulcers*, or *ulcerous puſtles* upon the edges of the eye-lids: and hence proceed *lippitude*, *thickneſs*, *roughneſs*, *calloſity* and the like.

If the ſebaceous humor which proceeds from the caruncula lachrymalis, ſhall happen to be affected; by its thickneſs and ſtagnation it will dilate the ſaid caruncle, and by its acrimony it will corrode the ſame. If the diſorder be violent, the caruncle will ſometimes extend and ſpread itſelf as far as the pupil; occaſioning great deformity, and very much affecting the ſight. And hence ariſe an *encanthis*, *unguis*, or *pterigium*.

If the lymphatic humor which iſſues from the tunica conjunctiva be affected, it will by reaſon

ſon of its thickneſs ſtagnate and dilate the lacunæ into little hard milliary tubercles; and by reaſon of its acrimony it will irritate and inflame the tunica conjunctiva, and ſometimes corrode the tops of the tubercles. And hence proceed an *epiphora*, *opthalmy*, and *little ulcers* on the white of the eye.

In like manner, if the humor which iſſues from the cornea, be infected with the venereal poiſon, it will gradually become thick and ſtagnate in its veſſels: whence the whole cornea or ſeveral points of it will become opake: and hence proceed *leucomata*, *albugines*, and *nubeculæ*. But if the ſtagnation ſhall be ſudden and violent, it will ſo inflate the excretory ducts that they will riſe up into *ſmall tubercles* or *milliary papulæ*, attended with a ſlight heat and inflammation: and from hence proceed *phlyctenæ* of the cornea. Laſtly, if theſe papulæ ſhall by degrees be eroded by the acrimony of the humor, there will ariſe *little round ulcers*; which if they are not remedied in time will become phagedænic, and end at laſt in a *ſtaphyloma*.

The fore-going diſeaſes of the eye-lids and eyes will be greatly aggravated, if at the ſame time the lachrymal humor happens to be affected. But it appears from experience that this is much ſeldomer affected than any of the reſt.

If any particles of the acrimonious matter which iſſues from the eroded or ulcerated eye-

lids,

lids, conjunctiva or cornea ſhall be carried along with tears into the naſal ſac; they will quickly inflame and erode the ſame, and by theſe means bring on an *ægilops* or *fiſtula lachrymalis*.

If the poiſon ſhall have penetrated to the vitreous, or chryſtalline humors, it will inſpiſſate their contained fluids: and hence therefore will proceed a *glaucoma*, or a ſuffuſion commonly called a *cataract*, or the appearance of flies dancing in the air. But if the venereal poiſon be highly acrimonious, it may ulcerate the coats of the humors, irritate the choroides, and bring on an *internal opthalmy*, an *abſceſs*, *hypopyon* and *ſuppuration* of the whole eye.

Laſtly, it frequently happens in a confirmed lues, that the ſight is either weakened or quite loſt, from a palſy of the optic nerve: which diſorder is called a *gutta ſerena*, becauſe all the parts of the eye appear clear and tranſparent; and may be occaſioned either by the inſpiſſation of the animal ſpirits which are diſtributed to this nerve (a cauſe however which rarely occurs); or by the preſſure of the arteries which are turgid with a viſcid blood, and hence it ſometimes ſucceeds an internal opthalmy: or it may ariſe from the preſſure of nodes or ganglia which are formed in the coat of the optic nerve, or from exoſtoſes or fungous excreſcences in the bony foramen through which it paſſes;

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which laſt indeed are the moſt frequent cauſes of this complaint, when it is venereal.

Diſeaſes of the ears.

THE wax which is ſecreted in the alveareum or meatus auditorius, is the only humor that is proper to the ear; and though this is ſeldomer affected by the venereal poiſon than any other fluid in the body, nevertheleſs it does ſometimes partake of the infection; and hence ariſe the ſeveral diſorders of the external meatus of the ear.

Thus if the wax upon receiving the infection ſhall become thicker than uſual, it will ſtagnate in the ſecerning lacunæ in ſo great a quantity, that its receptacles being by this means dilated, and the neighbouring veins compreſſed, *heat*, *pain*, *inflammation*, and an abſceſs will ariſe in the meatus auditorius: afterwards becoming more acrimonious, it will erode the cavity of the meatus auditorius, and produce *fiſſures*, *malignant tetters*, and *ulcers* which fregnently become phagedænic. And hence proceeds a diſcharge of *pus*, *ichor*, *ſanies*, &c. from the ears. Alſo the bony cavity of the internal ear, and the ſeveral ſmall bones which are contained therein, are ſometimes affected with *exoſtoſes*, *hyperoſtoſes*, and caries: to which they are particularly obnoxious on account of the infectious vapors which ariſe from ulcers in the throat, and being licked up by the air in exſpiration

ration are conveyed along with it through the euſtachian tubes into the bony roof of the tympanum, the maſtoide ſinus, and the labyrinth.

Theſe bones being enlarged by an exoſtoſis, or hyperoſtoſis, are gradually corroded by the virulent lymph with which they are ſupplied. Hence pus, or rather a fœtid ſtinking ichor diſtils from the carious bones upon the tympanum; which at length having ate thro' the membrana tympani, iſſues drop by drop from the meatus auditorius: and together with the pus or ichor, the ſmall bones which contribute to hearing, or ſome fragments which are eaten from the bony cavity, will ſometimes come away.

In the lues the blood from its extraordinary viſcidity is ſometimes obſtructed in the external part of the head; upon which account being retarded in its direct courſe, it turns into the lateral arteries which go towards the internal ear. Hence the branches that are ſituated near the auditory nerve are dilated, and their vibrations ſo encreaſed, that they make the ſame impreſſion upon the ear, as is caaſed by the tremulous motion of the air, by which ſounds are naturally produced. And hence proceeds a *hiſſing tingling noiſe* in *the ears*; which differs according to the different degrees of tenſion in the nerves, and according as the vibration of the arteries happens to be more or leſs frequent.

Laſtly, a thickneſs of hearing or even a total deafneſs

deafneſs is ſometimes occaſioned by the venereal diſeaſe: either becauſe the ſmall bones have been entirely conſumed by a caries, or are ſo much enlarged by an hyperoſtoſis as to be unfit to perform their offices: or becauſe the auditory nerve is obſtructed either by the thickneſs of the animal ſpirits, or the compreſſion of its coats from the turgeſcency of the arteries; or from nodes or ganglia ariſing upon its coat, or from exoſtoſes of the bones through which it paſſes. It may likewiſe be occaſioned by an obſtruction of the euſtachian tube: which obſtruction may ariſe either from a venereal ulcer ſituated upon the opening of this tube behind the palate, or from a coaleſcence of it by the union of its raw and excoriated edges.

It would take up too much time, and look like compiling an univerſal pathology, were we to explain minutely all the various ſymptoms of this diſorder. It ſhall therefore ſuffice to point out the cauſe of ſome more of the moſt remarkable of them; ſince all of them are produced, and may in like manner be explained by the preternatural viſcidity or acrimony of the juices, whoſe natural craſis is perverted by the mixture of the venereal poiſon. And firſt with regard to the ſymptoms which are proper to the head and nerves; ſuch as an heavineſs of the head, the clavus or fixed pain

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in the head like the piercing of a nail, an internal or external head-ach, an hemicrania, vertigo, and palſy.

The *heavineſs* of the head proceeds from the ſtagnation and accumulation of a viſcid blood or lymph in all the parts of the brain. The *clavus* may ariſe either from a node in the pericranium, or an exoſtoſis or caries in the outer table of the ſkull; or from puſtles and tubercles on the meninges of the brain, or an exoſtoſis or caries of the inner table of the ſkull; or laſtly, from the obſtruction of an acrimonious lymph in ſome particular part of the pericranium or membranes of the brain. The *head-ach* proceeds from the viſcid blood or lymph obſtructing, and preter-naturally diſtending the arteries which are ſpread upon the pericranium or membranes of the brain: in the former caſe the head-ach is external, in the latter internal: and it is in general attended with greater or leſs pulſation, according as the vibrations of the arteries are more or leſs violent, or the membranes more or leſs ſtimulated by the acrimony of the fluids. If the obſtruction occupies only one half of the head, an *hemicrania* enſues. If the blood by reaſon of its viſcidity happens to be obſtructed in the arteries which are interwoven with the retina, the nervous fibres will be ſhaken with a tremulous motion, ariſing from the increaſed pulſation of the arteries,

arteries; and hence a *vertigo* will ariſe. But if the preſſure of the arteries be ſo great as wholly to intercept the influx of the animal ſpirits into the nerve, a total darkneſs and loſs of ſight will enſue: and this is one cauſe of a venereal *gutta ſerena*, as has been before obſerved. If the origin of the nerves which are ſubſervient to motion and ſenſation, being ſtuffed up by a viſcid lymph; or compreſſed by nodes, ganglia, exoſtoſes, or by the preter, natural fulneſs of the blood-veſſels, a palſy will be produced. Laſtly, the nerves being irritated by an acrimonious lymph, will occaſion *ſpaſms* and *convulſive motions*.

Sometimes the venereal poiſon fixes upon the trachæa and lungs, eſpecially when theſe parts have been weakened by ſome previous diſorder: and hence proceed a cough, aſthma, and conſumption of the lungs.

A venereal *cough* may proceed from the acrimony which the trachæal humor has contracted from this diſeaſe; upon which account the internal coat of the bronchia will be irritated, and the air will be ſuddenly and violently expelled. An *aſthma* may be produced from the obſtruction of the blood in the lungs, whether it be owing to the viſcidity of the blood alone, or to ſkirrhous tubercles in the ſubſtance of the lungs. Laſtly, a phthiſis or *conſumption* of the lungs will be produced as often as theſe tubercles ſhall degenerate into malign, ſtubborn, ill digeſted ulcers.

Diſeaſe

Sometimes obſtructions of the liver, ſpleen, pancreas, and meſenteric glands happen in this diſorder, whence proceed a jaundice, dropſy and the piles; a *jaundice* if the bile being obſtructed ſhall abound in the blood; a *dropſy* if the venal blood being retarded in its courſe by the obſtruction of the liver, ſpleen, and pancreas, ſhall depoſite its ſerous parts in the cavity of the abdomen; and laſtly, the *piles*, if from the obſtruction of the liver, the compreſſion of the vena portarum be ſo great, as to hinder the return of the blood from the hæmorrhoidal veins.

Diſorders of the habit, ſuch as an atrophy, maraſmus, hectic and intermittent fevers, do ſometimes ariſe from a venereal taint.

Thus a leanneſs, *atrophy* and *maraſmus* will ariſe, when the nutritious juice being rendered too acrimonious, does not nouriſh but rather extenuate and emaciate the parts. Alſo ſlow *hectic* fevers are ſometimes produced from the violence and continuance of the venereal pains, or from putrid particles being abſorbed into the blood from ulcers or abſceſſes.

Laſtly, certain diſorders which are peculiar to women, are ſometimes ſuppoſed to derive their origin from the ſame ſource; particularly ulcers

ulcers and ſkirrhous tumors in the womb, frequent abortions, and the excluſion of fœtuſes half rotten. The ulcers may proceed from the eroſion of the internal face of the uterus by the acrimony of the menſes or the fluor albus, which are rendered ſharper than ordinary by the mixture of the venereal poiſon: a *skirrhous tumor* may ariſe from the congeſtion and induration of the viſcid blood or lymph in the ſubſtance of the womb: *frequent abortions* may proceed from the conceived embrio being waſted by the acrimony of the juices, by which it ſhould be nouriſhed: laſtly, the birth of ſqualid, eryſipelatous, *half-rotten fœtuſes* may be owing to the ſame cauſe; ſince the acrimonious diſpoſition of the maternal blood may eaſily affect the tender body of the embryo in this manner.

To theſe may be added, that venereal patients are ſometimes troubled with an obſtinate vomiting or purging: the former, when the venereal poiſon happens to mix with the gaſtric lymph, and rendering it more acrimonious than ordinary, irritates the nervous coat of the ſtomach: the latter, when the ſame taint is communicated to the inteſtinal lymph, or to the bile or pancreatic juice; by means of which the periſtaltic motion of the inteſtines is increaſed, and a greater derivation of fluids invited into them.

But here it may be obſerved, that theſe, as well as ſeveral others of the laſt-mentioned ſymptoms (ſuch as the cough, aſthma, conſumption, jaundice, dropſy, and the like) depend in a great meaſure upon ſome previous indiſpoſition, or ſome accidental defluxion on the parts affected: for if the conſtitution be in other reſpects healthy, nature generally throws the venereal poiſon upon the external habit; at leaſt the viſcera are ſeldom diſordered by it.

But to proceed to the diagnoſtic.

CHAP. IV.

Of the diagnoſtic of a confirmed lues.

AMONGST the great variety of ſymptoms, which have been enumerated in the preceding chapter, there are many of them ſo common to other diſorders, that they are no more indications of a confirmed lues, than they are of other diſorders. Some few ſymptoms likewiſe there are, which though they are peculiar to the venereal diſeaſe, appear only in an inveterate lues, and very rarely occur in its firſt ſtage.

Add to this, that the venereal poiſon is of ſuch a nature, that being once received into the blood, it adapts itſelf to the natural habit of

of the patient, in ſuch a manner as to imitate the ſame diſorders with which he has been formerly affected. Thus if the patient has formerly laboured under any particular diſorder of the lungs, head, eyes, liver, &c. upon receiving the venereal infection, he will be again diſordered in the ſame parts; whence he will be thought to labour under his old diſorder, without any ſuſpicion of a new diſeaſe.

For theſe reaſons it is frequently very difficult to determine the preſence of the venereal diſeaſe: and the more ſo, becauſe the patient frequently conceals part of his complaints, or at leaſt the riſe and progreſs of them, for fear of diſcovering the cauſe of his diſorder.

In order therefore to eſtabliſh the *diagnoſtic* of a confirm'd lues, it will be neceſſary to diſtinguiſh between thoſe ſymptoms, which are ſo far proper to the venereal diſeaſe as wholly or almoſt wholly to belong to it, and thoſe which are common to it with other diſorders. The firſt of theſe are called univocal or pathognomonic ſigns; the latter equivocal or doubtful.

Univocal or pathognomonic ſigns.

THE UNIVOCAL or PATHOGNOMONIC ſigns are nine in number: 1. communicating infection to a ſound perſon; 2. frequent abortions without any manifeſt cauſe, or the excluſion of ſcabby,

ulcerated, half-rotten, dead fœtuſes; 3, obſtinate local diſorders (ſuch as chancres, porri, verrucæ and the like), which though they are owing to a recent infection, do not yield to the common method of cure; 4, the ſame local diſorders breaking out again after they have been cured, or ariſing ſpontaneouſly without having lately had communication with a ſuſpected perſon; 5, dry, furfuraceous eruptions upon the ſkin, as alſo hard callous tubercles covered with a dry yellow ſcab, particularly when they appear upon the fore-head and temples, and behind the ears; 6, ulcers of the fauces, palate and inſide of the noſe; 7, nocturnal pains, particularly of the ſhins, arms and head; 8, gummata, tophs, nodes and ganglia affecting the muſcular, tendinous and ligamentous parts; 9, exoſtoſes and caries affecting the middle and harder part of the bones, particularly the ulna, tibia, and bones of the cranium.

The firſt ſign. Communicating infection to a ſound perſon may juſtly be reckoned an undoubted ſign of the venereal diſeaſe, according to the maxim *nemo dat quod non habet.* But unleſs there are ſome other ſigns to aſſiſt us in determining, it will be frequently a matter of diſpute which of the two parties gives the infection; nay, it may ſo happen that the perſon who receives the infection, may be made to believe that he communicated it.

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The ſecond ſign. Frequent abortions, or the excluſion of ſcabby, ulcerated, half-rotten dead fœtuſes, happening without any manifeſt cauſe to diſturb the fœtus before its time, or deſtroy it in the womb, may, ſays Dr. *Aſtruc*, be reckoned a truly pathognomonic ſign, that one at leaſt of the parents is infected; either the father, from whom the fœtus derives its firſt ſtamina; or the mother, from whom it receives its nouriſhment during the time of its continuance in the womb. It is likewiſe a ſign againſt both of them; ſince by their intimacy they generally (though not always) communicate the diſeaſe to one another.

The third ſign. Local diſorders (ſuch as chancres, phymoſis, paraphymoſis, porri, verrucæ, condylomata, fraga, fici, mariſcæ, buboes, and the like), though they were at firſt the offſpring of recent infection, yet if they for a long time elude the ordinary methods of cure, may be looked upon as ſigns of a concealed lues. But we muſt judge of theſe with great caution, leſt we ſhould think the cure proceeds ſlowly, becauſe the patient thinks ſo; or leſt we ſhould attribute to a latent virulency what is really owing to the ignorance or careleſſneſs of the ſurgeon, or to ſome error of the patient in regard to his diet and manner of living.

The fourth ſign. It is a more certain ſign of a confirmed lues, when the above local diſor-

ders, having been once cured, break out again; or when they ariſe ſpontaneouſly in parts where they have not been before, without the patient's having lately had communication with a ſuſpected perſon. It is indeed a ſign of the firſt note, if theſe complaints are renewed or appear without coition of any kind: but there is leſs certainty if they appear ſoon after coition, whether ſuſpected or not; ſince the uſe of venery is never ſo ſecure as to be abſolutely free from all ſuſpicion.

The fifth ſign. Dry, furfuraceous, ſuperficial eruptions on the ſkin, as alſo hard, callous tubercles or puſtles, which are covered with a yellow ſcab, and appear chiefly on the hairy parts, are likewiſe eſteemed a pathognomonic ſign of a confirmed lues. But that they may be the better eſtabliſhed as ſuch, it will be neceſſary to diſtinguiſh them from other appearances, to which they ſeem to have ſome affinity, and which nevertheleſs do not depend on the venereal infection.

The furfuraceous, ſuperficial venereal eruptions of the ſkin, when they are very numerous, bear the neareſt reſemblance to thoſe branny ſcales which are met with in the leproſy of the greeks: from which however they may be diſtinguiſhed in the following manner. When eruptions of this kind are venereal, they are not attended wirh any itching; and

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the ſcale being picked off, the ſkin appears of a reddiſh brown or rather copper-colour underneath, as may be ſeen more particularly between the fingers: whereas the lepra appears white, itches, throws off a much greater quantity of ſcales, and riſes in larger blotches, eſpecially about the joints of the knees and elbows.

Venereal tubercles or puſtles are eaſily diſtinguiſhed from carbuncles in the face, ſince they do not occupy the face only as carbuncles do: nor have they a purulent apex as carbuncles have; but are covered at top either with a dry, branny ſcurf, like the ſuperficial eruptions above mentioned; or elſe with a hard, dry, cruſty ſcab of a tawney yellow hue like an honeycomb. Moreover, tho' they frequently appear upon the arms, ſhoulders, breaſt, thighs, and legs, yet they more particularly affect the hairy parts: whence Dr. *Turner* declares we may (almoſt at firſt ſight) pronounce theſe yellow, cruſty ſcabs amongſt the hair of the head, a pathognomonic ſign of a confirmed lues. But to proceed.

The ſixth ſign. The ſixth ſign of this diſeaſe is taken from ulcers of the fauces, tonſils, uvula, and palate, either with or without a caries of the neighbouring bones; alſo from ulcers of the ſame kind affecting the internal parts of the noſe, together with a caries and a

prolapſus of the bones of the noſe. But as there is ſome danger of confounding ulcers of this kind with ſcorbutic ulcers, which infeſt the mouth, and reſemble venereal ulcers both in reſpect to their malignity and difficulty of cure; they muſt be diſtinguiſhed from each other in the following manner.

1. Venereal ulcers firſt affect the tonſils, fauces and uvula, then the gums, but theſe very rarely: on the contrary, ſcorbutic ulcers affect the gums firſt of all, then the fauces, tonſils, and uvula, but this very ſeldom and in a very gradual way. 2. Venereal ulcers frequently occupy the noſe, ſcorbutic ones never. 5. Venereal ulcers are callous in their baſis and circumference, ſcorbutic ones are not ſo. 4. Venereal ulcers are circumſcribed, and for the moſt part circular, at leaſt they are confined to certain places; ſcorbutic ones on the contrary are of a more irregular form, ſpread wider and frequently affect the whole mouth. 5. Venereal ulcers are for the moſt part hollow, and generally covered at bottom with a white ſlough; but ſcorbutic ones are more apt to grow up into fungi and hyperſarcoſes. 6. Venereal ulcers are red in their circumference; but ſcorbutic ones are always livid. 7. Venereal ulcers frequently cariate the ſubjacent bones, ſcorbutic ones ſeldom or never. 8. Laſtly, venereal ulcers are commonly accompanied with

with other ſigns of a confirmed lues; ſcorbutic ones with ſigns of a ſcurvy, ſuch as rottenneſs of the gums and a lividneſs or blackneſs of the ſhins; which are indubitable ſigns of a confirmed ſcurvy, but have no dependance on the venereal diſeaſe.

The ſeventh ſign. The next ſign is taken from thoſe deep fixt, nocturnal pains, which reſemble the breaking or boring of the bones; and which are ſeated in the perioſtium which covers the ulna and tibia, and the pericranium or membrane which inveſts the bones of the ſkull.

As for thoſe ſuperficial, wandering, ſhifting pains, which affect the membranes of the muſcles and ligaments of the joints; they have for the moſt part ſo near a reſemblance to the gout and rheumatiſm, that they are not to be diſtinguiſhed for venereal, but by their not yielding to the common methods of cure, and by their being accompanied with other ſigns of a confirmed lues. Theſe therefore are rather to be reckoned amongſt the equivocal ſigns.

But with regard to the pains we are now ſpeaking of, namely, thoſe which are ſeated in the perioſtium; they not only lie deeper and are always fixed to the ſame place, by which they are ſufficiently diſtinguiſhed from rheumatic pains; but (which likewiſe diſtin-

guiſhes them from gouty pains) they moſt commonly affect that part of the perioſtium, which inveſts the middle and more ſolid parts of the bones, particularly of the ulna, tibia, and bones of the cranium; where they are often followed by nodes, caries, and exoſtoſes. Moreover, they have this in common with all venereal pains, that they rage chiefly and more cruelly in the fore-part of the night; ſo that the patient can get no reſt, till the morning approaches; at which time the pains remit and become more tolerable, if they do not go quite off.

The eighth ſign. Gummata in the muſcles, nodes in the perioſtium, ganglia in the nerves and tendons, and tophs in the ligaments of the joints, conſtitute another ſign of a confirmed lues.

Our countryman Dr. *Turner* accuſes Dr. *Aſtruc* of confounding the venereal gummata with the common incyſted wenny tumors, ſuch as the ſteatoma, atheroma, and meliceris; which he (Dr. *Turner*) ſays are of a quite different nature, and oftener obſerved in others than venereal patients. Indeed it muſt be owned, that what are called gummata amongſt us, are much harder (unleſs they happen to be ſuppurated), and generally ſpeaking much ſmaller, and more firmly attached to the ſubjacent parts, than any of the tumors of the wenny kind.

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In ſhort, theſe gummy venereal ſwellings have a much nearer reſemblance to thoſe ſtrumous ſwellings, which are met with upon the muſculi maſtoidei in the necks of children: nay, the appearance is ſo much the ſame, that Mr. *Wiſeman* calls theſe latter likewiſe by the name of gummata. Hence when tumors of this kind happen in the neck, they are never to be relied upon as a ſufficient indication of venereal infection, eſpecially in children. But when they ariſe in the arms, legs, and thighs of grown people, who have never been ſubject to any ſtrumous diſorder, it will be no weak argument that the lymph is inſpiſſated by the venereal poiſon. And this will be confirmed paſt all doubt, if they have been either preceded by, or are accompanied with nocturnal pains.

Tophs, nodes, and ganglia do not proceed from the venereal poiſon alone. The two laſt are ſometimes owing to a contuſion or violent diſtention of the tendons and ligaments: and the firſt (i. e. tophs) are frequently the effect of a long continued fit of the gout. But as it will be eaſy to enquire whether theſe tumors have ariſen from any external violence, or whether the patient has been long afflicted with the gout; ſo whenever they ariſe ſpontaneouſly without either of the foregoing cauſes, and are likewiſe accompanied with nocturnal pains, or other ſym-

ſymptoms of a confirmed lues, we need not heſitate to pronounce them venereal.

It may be obſerved, as well with regard to the gummata as the other tumors laſt named, that ſome ſtreſs is laid upon their being accompanied with other ſigns of a confirmed lues, particularly with nocturnal pains: but this obſervation is of the greateſt uſe in diſtinguiſhing them from ſtrumous ſwellings of the ſame kind, to which in other reſpects they bear a very near reſemblance. But, beſides that thoſe gummata, nodes, and ganglia, which ariſe from a ſtrumous dyſcraſy, are commonly accompanied with other ſymptoms of the ſame leaven; they are not only of a more indolent nature, unleſs when they happen to inflame and tend to ſuppuration; but even then they do not ſuffer that remarkable aggravation of pain in the night time which is obſerved in venereal caſes.

The ninth ſign. The laſt of the pathognomonic ſigns is taken from thoſe caries and exoſtoſes, which affect the middle and harder parts of the bones, and are moſt commonly met with upon the ulna, tibia, and bones of the cranium.

A caries indeed may happen excluſive of any venereal cauſe; namely, from an abſceſs or ſome malignant ulcer being ſituated immediately over the bone; as alſo from a violent con-

contuſion, or fracture of the bone, or from a ſtrumous dyſcraſy in the blood and juices. But the former of theſe are eaſily diſtinguiſhed from a venereal caries by their antecedent cauſe; and with regard to the laſt, namely, the ſtrumous caries, there is for the moſt part no great difficulty in diſtinguiſhing it: for it is found by experience, that the ſtrumous poiſon rather affects thoſe bones that are of a ſpongy texture, than thoſe that are of a more compact and ſolid ſubſtance. Hence it moſt commonly affects the joints, together with the ſmaller bones of the carpus, metacarpus, tarſus, and metatarſus; whereas the venereal caries is oftenеſt met with under ſome nodous protuberance, either upon the cranium, or in the middle and more ſolid parts of the ulna and tibia. 'Tis true, the venereal poiſon does ſometimes affect the ſpongy bones, probably from its being joined with a ſtrumous taint lurking in the blood. This however is a caſe that does not often happen; and when it does, it is only to be eſteemed an equivocal ſign. But the caries above deſcribed may always be looked upon as an univocal and pathognomonic ſign of a confirmed lues; more eſpecially when it has been preceded by, or is accompanied with excruciating nocturnal pains.

The ſame thing may likewiſe be ſaid of exoſtoſes; which are frequently accompanied with

a very deep caries, and whenever they are hot, painful, and covered with a red, ſhining cutis, are always accounted venereal. And hence they are eaſily diſtinguiſhed from the milder ſort of exoſtoſes, which ariſe from a contuſion of the bone; becauſe theſe laſt are ſmaller, and never painful, and may always be traced from the external cauſe: nor is there any danger of confounding them with the callus, which remains after the coalition of a broken bone; becauſe the place of the fracture being known, will ſufficiently point out the ſituation of the callus; and becauſe a callus always ſurrounds the bone in a circular manner, whereas an exoſtoſis for the moſt part riſes up in an hemiſpherical form.

Equivocal or doubtful ſigns.

We come now to the EQUIVOCAL ſigns: ſome which are of greater note, and approach nearer to the univocal ſigns; while others are ſo abſolutely equivocal, that of themſelves they are not ſufficient to juſtify even a bare ſuſpicion of the venereal diſeaſe.

Thoſe of the firſt note are, 1. Diſeaſes of the eyes, as redneſs, itching, lippitude, ulcers, warts, excreſcences on the eye-lids; obſtinate opthalmies either with or without little ulcers and phlyctænæ on the tunica conjunctiva and cornea; nubeculæ or albugines; hypopyon, ſtaphy-

ſtaphyloma, cataract, gutta ſerena, fiſtula lachrymalis. 2. Diſeaſes of the ears, as a ringing, hiſſing noiſe, thickneſs of hearing, deafneſs; inflammation, abſceſs, ulcers of the external meatus auditorius, alſo a caries of the bony cavity. 3. Diſeaſes of the head, as obſtinate head-achs, hemicrania, the clavus or fixt pain in the head like the piercing of a nail. 4. Alſo certain diſeaſes of the ſkin which are not ranked amongſt the pathognomonic ſigns, do nevertheleſs claim a place here; as efflorescences of different colours, red, yellow, livid; lenticular, ſerpiginous, impetiginous eruptions; alſo an obſtinate itch, and the corroding herpes. 5. Likewiſe certain diſeaſes of the bones, as hyperoſtoſes or white ſwellings; oſteoſarcoſes; ſpina ventoſa or abſceſs in the inſide of the bone; ſpontaneous fractures. 6. Laſtly, obſtinate erratic pains reſembling the gout and rheumatiſm, and growing remarkably worſe in the night-time.

All theſe ſymptoms are eſteemed equivocal, becauſe they are common to other diſorders, and frequently ariſe without any ſuſpicion of a venereal cauſe. So obſtinate opthalmies together with their attendants (ſuch as the phlyctænæ, ulcuſcula, and the like) are frequently met with after the ſmall-pox and meaſles, and in perſons of a ſtrumous habit.

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But if they happen without any evident cauſe, and being not attended with any other ſtrumous ſymptoms, do nevertheleſs refuſe to yield to the ordinary methods of cure, there will be ſome ground to ſuſpect them venereal. And this ſuſpicion will be confirmed beyond all doubt, if the patient at the ſame time labours under any of thoſe ſymptoms, which conſtitute the pathognomonic ſigns of a confirmed lues. The ſame thing may likewiſe be ſaid with regard to the cataract and gutta ſerena; which tho' they are not often venereal complaints, yet when they ariſe after a venereal infection, and are accompanied with other ſigns of a confirmed lues, particularly with ulcers and caries in the noſe and palate, they may reaſonably enough be imputed to a venereal cauſe. A venereal fiſtula lachrymalis may alſo be known after the ſame manner.

Diſorders of the ears may likewiſe ariſe from various cauſes independent of venereal infection. Thus a deafneſs often follows upon taking cold, upon wax being collected in too great a quantity and hardened in the paſſage, and upon many other accounts: and abſceſſes in the ear are frequently formed upon the decline of ſome feveriſh diſorder. But if the deafneſs or abſceſs in the ear proceed from a venereal cauſe, there are commonly other ſymptoms of the ſame leaven, and generally

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ſpeaking an ulcer upon or near the opening of the euſtachian duct.

The head-ach, hemicrania, and clavus or fixt pain in the head do likewiſe acknowledge various cauſes. But when they are venereal they rage moſt in the fore-part of the night, and generally remit at the approach of morning: moreover they are commonly accompanied with other venereal ſymptoms, or elſe may be traced from ſome previous local diſorder in a part that has been formerly expoſed to infection.

Efflorescences on the ſkin, lenticular, ſerpiginous, and impetiginous eruptions, as alſo the itch and corroding herpes, do ſo frequently happen without any ſuſpicion of a venereal taint, that they cannot be looked upon as ſigns of a confirmed lues, any otherwiſe than as they are complicated with other and more undoubted ſymptoms of this diſeaſe.

The hyperoſtoſes, oſteoſarcoſes, ſpina ventoſa, and ſpontaneous fractures, are ranked by Dr. *Aſtruc* among the pathognomonic ſigns. But as they happen oftener from a ſtrumous than a venereal taint, they ſeem more properly to belong to this place. When they are venereal, they undoubtedly ſhew a very high degree of malignity in the diſeaſe: but they are not often conſidered in this light: nor could one be juſtified in pronouncing them ſo, unleſs they

they are accompanied with other demonſtrative ſigns, and the patient has beſides been never ſubject to any ſtrumous diſorder.

As to thoſe erratic pains which reſemble the gout or rheumatiſm, if they do not remit conſiderably in the day-time, there will be ſome difficulty in diſtinguiſhing them to be venereal. And indeed, as the rheumatiſm itſelf is always aggravated in the night ſeaſon, whenever the pains reſemble this diſorder, it will be neceſſary to make enquiry after other ſymptoms, in order to form a judgment with any degree of certainty.

AMONGST the equivocal ſigns of an inferior rank may be reckoned a vertigo, palſy, epilepſy, cough, aſthma, conſumption, jaundice, dropſy, vomiting, diarrhœa, atrophy, maraſmus, hectic and intermittent fevers, &c. But theſe ſymptoms are of very little weight in determining the preſence of the venereal diſeaſe: for being generally eſſential diſeaſes entirely independent of venereal infection, they are not ſufficient of themſelves to juſtify the leaſt ſuſpicion on this head. And indeed unleſs they can be traced from ſome evident venereal cauſe; and refuſing to yield to the common remedies, are likewiſe accompanied with other convincing ſigns of a confirmed lues; they are not to be thought of as be-

belonging to this diſeaſe. Though being complicated with a venereal taint, they will on this account become more ſtubborn and untractable.

Commemorative ſigns.

THERE remains another order of ſigns, which are taken from the remembrance of ſome preceding topical or local diſorder, and are therefore called COMMEMORATIVE ſigns. What thoſe diſorders are, has been ſufficiently explained already from p. 281. to p. 285. I ſhall therefore only obſerve, that they ought always to be enquired after, eſpecially in doubtful caſes: ſince whenever any previous local diſorder can be traced out, the pox may be infered from ſlighter appearances.

UPON the whole it may be obſerved, that not only the equivocal and commemorative ſigns, but the greateſt part if not all thoſe which are called pathognomonic, if they are taken ſeparately, ſeem rather to hint at, than plainly demonſtrate the preſence of the venereal diſeaſe. It is neceſſary therefore, in order to form a proper judgment in this affair, that when we have diſtinguiſhed and weighed theſe ſigns ſingly, we ſhould afterwards compare them with one another. For as thoſe ſymptoms which are termed equivocal cannot be known to be venereal, but as they happen to coincide with

with ſome or other of the pathognomonic ſigns: ſo the greateſt part of the pathognomonic ſigns themſelves become more certain and indubitable, upon the recollection of ſome preceding topical or local diſorder; that is, by being joined with ſome or other of the commemorative ſigns.

CHAP. V.

Of the prognoſtic of a confirmed lues.

WE come now to the prognoſtic: and here we are to enquire, firſt, what ſpecies of the confirmed lues are to be eſteemed worſe than others; and what the worſt of all, and to be reckoned mortal? ſecondly, which are the eaſieſt or moſt difficult to cure; and which will admit of a ſalivation with the greateſt or leaſt degree of danger?

What ſpecies of the confirmed lues are worſe than others, &c.

EVERY confirmed lues is to be eſteemed a grievous and difficult diſorder, inaſmuch as it is ſeldom to be cured without ſalivation: which at beſt is a very tedious and uneaſy courſe, and not always void of danger, eſpecially if the diſorder requires it to be carried to a greater height than uſual. But this diſorder will be more or leſs grievous, according as it has been

been of longer or ſhorter date; according to the age, ſex, and habit of the patient; according to the number and vehemence of the ſymptoms; according to the conſtitutional diſeaſe of the patient; and laſtly, according to the nature of the parts affected. From theſe circumſtances therefore a different prognoſtic is to be formed in different caſes. And,

1. *From the longer or ſhorter date of the diſeaſe.* Thus other circumſtances being equal, the venereal lues, the more recent it is, will be the leſs violent; ſince the fluids of the body will be leſs tainted, the ſolids leſs hurt, and the functions leſs diſturbed by the venereal poiſon upon its firſt admiſſion, than they muſt neceſſarily be when the infection has been contracted a long while, and the diſorder is of antient date.

2. *From the age of the patient.* So other circumſtances being equal, this diſorder is more dangerous to infants and old people, than to ſuch as are in the flower and vigour of life; in whom a great part of the venereal poiſon is expelled by exerciſe, and what remains is in a manner ſubdued by the ſtrength of the conſtitution, ſo that it produces leſs tragical effects.

3. *From the ſex of the patient.* For though women are for the moſt part weaker than men, and therefore ſeem leſs able to reſiſt the force of the venereal poiſon, when it has once gain'd admit-

admittance: yet frequent experience has taught us, that it is eaſier to be born by women than it is by men; which ſeems owing to their menſtrual diſcharge, by which no ſmall quantity of the infection is probably carried off every month. Accordingly it is obſerved, that whenever the menſtrual diſcharge is by any accident obſtructed, or ceaſes by the ordinary courſe of nature, all the ſymptoms of this diſeaſe grow worſe.

4. *From the natural habit of the body.* So other circumſtances being equal, the venereal poiſon will produce more and worſe effects, if the blood with which it is mixed be naturally ſalt, thick, ſharp, and corroſive, than if it be thin, inſipid, or of a right and healthful mixture. In the former caſe the diſpoſition of the blood will aggravate and add fuel, as it were, to the diſeaſe: in the latter, it will reſtrain, and correct the activity of the infectious matter.

5. *From the number and violence of the ſymptoms.* For the more ſymptoms ariſe, and the more malignant they are, ſo much the worſe is the diſorder to be eſteemed.

6. *From the conſtitutional diſeaſe of the patient.* Thus a confirmed lues is more to be dreaded in a perſon already inclined to an epilepſy, aſthma, dropſy, gout, &c. than in one of

of a ſound and healthy conſtitution. For as the old diſeaſe is increaſed by the acceſſion of the venereal poiſon, ſo the lues is in like manner aggravated by being joined with an old diſeaſe.

7. *From the nature and conſequence of the diſeaſed part.* Thus if the diſorder ſhould have affected the bones, or if it ſhould have ſeized upon the brain, lungs, liver, or any other internal part, whoſe well-being is neceſſary to the ſupport of life; the caſe will be much worſe, and there will be more danger to be apprehended, than if it ſhould affect only the external parts, as the ſkin, the adipoſe membrane, or the muſcular fleſh.

What caſes may be eſteemed mortal. And indeed if the brain or other parts within the cranium, ſhould be violently affected with this diſorder, the caſe will for the moſt part prove mortal; particularly if the brain or any part of it ſhould be indurated and become ſkirrhous, or be corrupted by the matter of an abſceſs; if gummata or hard tubercles ſhould beſet the dura or pia mater; if the inner table of the ſkull ſhould become carious, or be enlarged by an exoſtoſis; &c. In theſe and ſuch like caſes, the patient is troubled with a violent obſtinate head-ach, without any external cauſe; as alſo with convulſions, palſy, vertigo, deafneſs, and blindneſs, and at laſt dies lethargic or apoplectic.

In

In like manner, if the lungs ſhall be ſo ſtuffed up with hard tubercles, that from being ſoft, ſpongy, and dilatable, they ſhall become firm, hard and ſkirrhous; if from a gradual ſuppuration of the tubercles, they ſhall be filled with abſceſſes or vomicæ; if from the eroſion or rupture of the veſſels, the blood ſhall flow into the bronchia, and from thence be expectorated or thrown up; if the internal coat of the bronchia ſhall be ulcerated, &c. the patient will be afflicted with an aſthma, hæmoptoe, phthiſis pulmonalis, &c. which complaints, if a cure be not enterpriſed in time, will in the end prove fatal.

The ſame prognoſtic may likewiſe be made, if, the diſorder having ſeized upon the liver, its ſecretory or excretory ducts ſhould be ſo ſtuffed up with inſpiſſated bile, that the bile which is freſh made, is forced back again into the blood; if the biliary ducts ſhould be ſo much diſtended, as to obſtruct the free paſſage of the blood through the liver; if the courſe of the lymph being obſtructed, the lymphatic veins ſhould become ruptured; if the biliary ducts or the blood veſſels of the liver ſhould be corroded; &c. From hence will proceed obſtructions, ſkirrhous tumors, the jaundice, abſceſs in the liver, dropſy of the abdomen, vomiting of blood, the hepatic flux, &c. and very often death will be the conſequence.

In

In ſhort, if the diſorder ſhould have fixed upon any of the viſcera (not only thoſe above-mentioned, but likewiſe the ſpleen, pancreas, meſenteric glands, or the ovaria uteri) ſo as to form any conſiderable obſtruction in theſe parts, the patient will be in a dangerous ſituation: more eſpecially if they ſhould inflame and ſuppurate, or if they ſhould degenerate into irreſolvable ſkirrhi; ſince in the firſt caſe he will be gradually waſted with a ſlow hectic fever; and in the latter he will ſooner or later fall into a dropſy of the abdomen, or a dropſy of the ovary if a woman: not to mention that when the glands of the meſentery are very much obſtructed and enlarged, the courſe of the chyle into the blood will be interrupted; whence it will run off in a chylous diarrhœa, and the body be thereby defrauded of its due ſhare of nouriſhment.

But here it may be obſerved, that according to *Alexander Trajanus Petronius*, the ſeverity of the prognoſtic will allow of ſome mitigation in many of the caſes above mentioned: for he tells us, that thoſe who labour under an hectic fever, phthiſis pulmonalis, or the like, or who have loſt their ſight or hearing, or are become epileptic from this diſeaſe, (provided the moſt effectual remedies againſt the lues venerea have not already been tried in vain) are in a leſs deſperate ſituation, than ſuch as labour

under theſe complaints from ſome other cauſe. To the ſame purpoſe Dr. *Turner* obſerves, that "of all the ſeveral ſorts of conſumption, he ſhould more willingly encounter the venereal than any of the reſt; eſpecially where the diſtemper had been overlooked, and the body before unacquainted with the antidote, meaning any mercurial preparation. He adds, that "where one perſon is carried off by a pocky hectic (and yet, ſays he, we know, although it does not downright ſlay, it ſeizeth its ten thouſands), we have twenty, I might ſay, forty melted down or dried away by thoſe of another nature."

Indeed the worſt kind of venereal caſes (if we except thoſe in which any part of the brain is indurated, or in which there is a caries or exoſtoſis upon the inner table of the ſkull) are thoſe which are complicated with other obſtiſtinate chronical diſorders; particularly with ricketty, ſtrumous, or ſcorbutic diſorders. Accordingly Dr. *Aſtruc* ſays, that when the venereal lues is complicated with a confirmed ſcurvy, the two poiſons joining together produce as it were a new diſeaſe; than which there cannot be found one of a more violent nature, that torments the patient under more ſhapes, or more obſtinately reſiſts the moſt efficacious methods of cure.

2. *What ſpecies of this diſeaſe are eaſy or difficult to cure?*

WITH regard to this part of the prognoſtic, it may in general be affirmed (ſome few caſes excepted) that every ſpecies of the venereal lues may be cured by the help of mercurial unction: which if rightly managed is ſo efficacious a method of extirpating the venereal poiſon, that out of an hundred patients you will not find one who does not viſibly mend upon the uſe of it; and you will hardly find one who does not perfectly recover, provided his body be duly prepared, and the unction adminiſtered in a proper manner and doſe, and continued for a competent number of days.

It muſt not however be diſſembled, that there are ſome ſpecies of the diſeaſe, that are more difficult to cure than others; and in which it ſometimes happens that, after having conducted the unction in the moſt ſkilful manner, ſome of the ſymptoms will ſtill remain; either becauſe the diſorder having been of long ſtanding, has ſo altered and deſtroyed the texture of the ſolid parts, that it is difficult to reſtore them to their former ſtate; or becauſe it is complicated with a ſtrumous, ſcorbutic or other dyſcraſy; or (which is not often the caſe) becauſe ſome portion of the infection remains uncorrected. But from

whatever cauſe it happens, we learn by experience that the following ſpecies of the venereal lues are ſometimes very difficult to cure.

1. When the patient is tormented with venereal rheumatic pains (whether fixed or wandering) eſpecially if they are increaſed by length of time. For it frequently happens that after a ſalivation theſe pains return with equal violence; particularly if the diſorder be complicated with a genuine rheumatiſm.

2. When arthritic pains, which had their riſe from the venereal poiſon, are become habitual. For though they frequently give way to mercurial unction, yet they are not always perfectly cured by it; eſpecially if they have been of long ſtanding, and the patient's ſtrength is impaired by frequent returns of them.

3. When the ſkin is affected with the impetigo, or ſcabies, but eſpecially with the dry, malignant, corroding herpes: ſince it is not uncommon for this ſymptom to elude the whole force of the mercury, when the reſt give way.

4. When there are violent head-achs, hemicraniæ, or partial pains which occupy only a certain ſpot of the head, and are called ovum or clavus, eſpecially if they ariſe without any external cauſe. For it is frequently

quently obſerved that theſe pains retain their priſtine fierceneſs after the ſalivation is over.

5. When the bones are enlarged with an exoſtoſis, or an old inveterate hyperoſtoſis. For though it ſo happens that a recent hyperoſtoſis is generally diſperſed by the uſe of mercury; as alſo that ſpecies of the legitimate exoſtoſis which is of the cavernous kind, and which ariſes from the dilatation of the bony lamellæ; but eſpecially that which is called ſpurious, and ariſes merely from the ſwelling of the perioſtium: yet experience teaches us that the ſame ſucceſs is not to be expected, when the hyperoſtoſis is hardened by length of time, but much leſs when the exoſtoſis is of the truly bony kind, and equal to ivory in hardneſs.

6. When one or both teſticles are ſwelled from an inſpiſſation and ſtagnation of the ſemen. For it frequently happens that tumors of this kind, if they are inveterate and have acquired a ſtony hardneſs, become ſo difficult to cure, and ſo rebellious to all kinds of remedies, that they will not yield even to ſalivation.

7. When the patient labours under a virulent gonorrhæa, whether freſh contracted or of long continuance. For though it has been frequently obſerved, that by the adminiſtration of mercurial unctions the gonor-

rhæa, as well as the other ſymptoms, has been perfectly cured, yet this is not always the caſe. For it frequently happens that after a thorough and well-conducted ſalivation, the gonorrhæa has ſtill continued, though it has no longer retained its virulency.

8. When the patient is afflicted with that kind of ſtrangury, which ariſes from ſtrictures, calloſities, or hyperſarcoſes in the urinary paſſage. For though the diſorder is generally relieved by mercurial frictions, its cauſes are ſo far from being intirely removed, that it frequently returns again with equal violence.

9. Laſtly, whenever a ſtrumous or ſcorbutic habit happens to be joined with the venereal poiſon. For it is found by experience, that mercury alone rather irritates than cures poxes ſo complicated. If therefore they are ever to be intirely cured, it muſt be by giving anti-ſtrumatics or anti-ſcorbutics along with anti-venereal and mercurial remedies, either combined with one another, or elſe alternately.

What has been ſaid concerning the difficulty of curing a confirmed lues under the foregoing circumſtances, muſt not be underſtood as univerſally true: it is only ſo (as has been hinted above) when, the infection having

having been of long date, theſe ſymptoms are become inveterate; or when the diſorder happens to be complicated with a ſtrumous, ſcorbutic or other dyſcraſy. For when the diſorder is recent and not complicated with any other, not only the venereal pains intirely vaniſh, but the tubercles diſſolve, the ſcabs dry and fall off, and every ſymptom diſappears, under a regular and well-conducted ſalivation; except the bony exoſtoſis, which indeed is never met with in the early ſtages of the diſorder; as alſo a gonorrhæa, and a ſkirrhous induration of the teſticles; both which however are ſometimes cured by this means.

Caſes in which a ſalivation is dangerous. THERE is another claſs of venereal diſorders, which are worſe than the former; and in which the cure itſelf is attended with ſo much danger, that, if it be not conducted with the greateſt caution, very terrible accidents are frequently brought on. Of this kind are,

1. Thoſe caſes which have been reckoned above as the moſt violent and for the moſt part mortal, and in which the conſtitution of the patient is in a great meaſure worn out. For there is great reaſon to apprehend that ſuch as are already exhauſted by the long continuance and violence of the diſeaſe, will

not be able to ſupport, but rather ſink under, the fatigue of a ſalivation.

2. Thoſe which are accompanied with the ſcurvy in any great degree, in which the gums and internal part of the mouth ſtink, become livid, putrify, and grow fungous. For as the heat and ulceration of the mouth come on from the mercurial unction, not only the half-rotten gums, but the fauces and part of the palate are frequently corroded with phagedænic ulcers, which in a ſhort time terminate in a gangrene.

3. Thoſe which are complicated with large ſtrumous or ſcrophulous tumors, either behind the ears, in the neck, or underneath the jaws. For it is to be feared, leſt theſe ſwellings ſhould be further enlarged in the time of ſalivation, ſo as to compreſs and ſtraiten the jugular veins, and the venal branches which empty themſelves thereinto; whence, from the retention of the blood, an oppreſſion of the brain, *&c.* may be brought on.

4. Thoſe which ſeize upon perſons who are ſubject to frequent and violent epileptic fits. For there is danger, leſt, from the preſſure upon the jugular veins by the tumefaction of the ſalivary glands, the fits ſhould return with greater violence: whence not only the inflammation and ulceration of the mouth would be increaſed, by reaſon of the va-

various contorſions of the jaw, and the wounds made in the tongue by the teeth; but which is ſtill worſe, there will be a ſurcharge of blood in the brain, a circumſtance that is always attended with great danger.

5. Thoſe which happen to hyſterical and hypochondriacal patients. For ſuch people are not only under violent apprehenſions of danger, through the whole courſe of the cure; but, when the ſalivation comes to its height, they frequently fall into fainting fits; whence the ſpitting being ſuddenly ſuppreſſed, the ſalivary glands become ſwelled; the blood ſtagnates in the mouth, head, and brain, *&c.*

6. Thoſe which happen to perſons labouring under an habitual diarrhæa: for in ſuch caſes, the whole load of mercury ruſhing upon the inteſtines (whither the courſe of the humors tends) irritates, inflames and corrodes their inner membrane; and brings on violent gripes, looſeneſs attended with a teneſmus, and ſometimes the bloody-flux. The ſame accidents ſometimes happen merely from the unction, in perſons who are by no means inclined to a looſeneſs, but are rather ſubject to be bound; as will be ſhewn in another place.

7. Thoſe which happen to breeding women: ſince there will be danger leſt they ſhould miſcarry, both from the tumult which

the mercury raiſes in the blood, and from the fatigue and pain attending a ſalivation; more eſpecially from the griping, and the ſtraining to go to ſtool when they are troubled with a teneſmus.

8. Thoſe which happen to women labouring under an ulcer, ſkirrhus, or cancer of the womb, whether from a venereal or any other cauſe. For it has happened more than once, that the blood being too much attenuated, and its impetus increaſed, has in the time of a ſalivation ruſhed with ſuch violence againſt the ſtraitened uterine veſſels, that it has forced itſelf a paſſage, and brought on a very dangerous if not a mortal hæmorrhage.

9. Laſtly, when the diſorder ſeizes upon infants, or old decrepid people. For theſe being broken with old age, and thoſe having not yet acquired a ſufficient degree of ſtrength, will be too weak to encounter the pain and fatigue of a ſalivation; and therefore there will be great danger of their ſinking under it.

THESE are the ſeveral circumſtances, under which a ſalivation, if it be not entered upon and conducted with the greateſt caution, may become dangerous, and even be attended with fatal conſequences. Nevertheleſs theſe caſes are not to be abandoned, as deſperate

deſperate and paſt all cure: ſince by duly preparing the patient before-hand, and adminiſtering the unction with proper caution, a cure may be effected in moſt of the inſtances above-mentioned. So true is it that every ſpecies of this diſeaſe (ſome few caſes only excepted) may be ſubdued by the uſe of mercury.

CHAP. VI.

Of the different methods which have been practiſed in the cure of this diſeaſe, from its firſt appearance in Europe *to the preſent time; particularly of the uſe of guaiacum, china, ſarſaparilla,* &c.

IT has been hinted in the foregoing chapter, that a ſalivation raiſed by mercury is the moſt effectual method of extirpating the venereal poiſon; and that by duly preparing the patient before-hand, and conducting it with proper caution, a cure may be effected in almoſt every ſpecies of this diſeaſe. But before I proceed to treat of a ſalivation, I ſhall give ſome account of the different methods of cure, which have been in uſe from the firſt appearance of the venereal diſeaſe in *Europe* to the preſent time.

WHEN the lues venerea firſt broke out in *Europe* (which Dr. *Aſtruc* fixes between the years 1494 and 1496,) the phyſicians who flouriſhed at that time, aſtoniſhed at the newneſs and violence of the diſeaſe, were a long while at a ſtand; and knowing not what method to purſue, gave up the cure of it into the hands of quacks and mountebanks. At length the diſeaſe becoming more general, and the number of ſuch as wanted their aſſiſtance increaſing daily; they grew aſhamed of neglecting their duty, and began to attempt a cure, rather through a ſenſe of ſhame, than a confidence of ſucceſs.

The methodic or rational cure.

THE cure which was firſt agreed upon amongſt them, was called the rational or methodic: becauſe it was judged moſt conſonant to right reaſon, and the method obſerved in the cure of ſimilar diſeaſes.

It was as follows. 1. They ordered a ſpare diet, conſiſting of meats of eaſy digeſtion, and ſuch as might correct and cleanſe the blood: 2. They opened a vein in the beginning, and cupped or bled with leaches in the progreſs of the cure: 3. They cleanſed the primæ viæ with laxative medicines, ſuch as *caſſia*, *manna*, *tamarinds*, &c. 4. They cor-

corrected the bad humors by alterative potions and apozems, prepared *ex cichor. borrag. bugloſs*, &c. 5. They made uſe of emollient and diſcutient baths: 6. They anointed the puſtles warm, after bathing, with detergent and drying liniments, prepared *ex maſtiche, thure, myrrhâ, ſulphur. viv.* &c. 7. The humors being once digeſted and diluted, they purged every now and then with ſtronger cathartics, ſuch as *ſenna, aloes, pil. cochiæ*, &c. 8. If the patient was afflicted with violent pains, they bathed the parts affected *cum oleo olivarum antiquo, laurino, chamæmelino*, &c. 9. In obſtinate caſes they promoted a plentiful ſweat, either by means of ſtupes, or the ſteam of warm water, or the heat of an oven, *&c.* 10. Some, in order to carry off the remains of the diſtemper, adviſed a plentiful uſe of vipers, either drowned and infuſed in wine, or in broths, or their fleſh roaſted or boiled: 11. Laſtly they applied a cautery to the hinder part of the head, or to the arm or leg, in order to draw out by degrees the latent reliques of the diſeaſe.

BUT though this method might abate the virulency of the humors, and mitigate the violence of the complaints; it could never effectually ſubdue the diſeaſe, nor expel the poiſon that had ſeized upon the whole maſs of humors. It is no wonder therefore, if

if by this method the phyſicians loſt both their time and labour: nor is it ſtrange that they ſhould fall into diſgrace upon this account, as *Fallopius* tells us they did; who likewiſe adds "that, if ſome of the boldeſt ſurgeons had not found out the uſe of quick-ſilver, or the *Spaniards* learnt the method of treating this diſeaſe in the *Weſt-Indies*, it muſt have remained incurable to this day.

Mercury firſt introduced. MERCURY indeed was early introduced in the cure of this diſeaſe, namely before the year 1498. *Fallopius* tells us that the uſe of this remedy in the venereal diſeaſe was firſt of all diſcovered by chance: but it was more probably drawn by analogy from the practice of ancient phyſicians in ſimilar diſeaſes. The *Arabians* (who firſt introduced mercury into phyſic) we know uſed mercurial ointments, mixt with ſeveral different ingredients, to deſtroy lice; as alſo againſt the itch, herpes, impetigo, and other foulneſſes of the ſkin. The ſame practice likewiſe prevailed in *Europe* before the fourteenth century. It was natural therefore for the phyſicians who flouriſhed at the firſt eruption of the lues venerea, to transfer the uſe of mercury to the cure of this new diſeaſe; which appearing at firſt chiefly in puſtles and malignant ulcers, could not but be thought

thought to have ſome analogy to the diſorders above mentioned.

At firſt however the phyſicians were ſo very cautious in adminiſtering mercurial ointments, that in ſome of their compoſitions the mercury ſcarce amounted to a fortieth part of the other ingredients: whence by their over caution, their patients were generally diſappointed of their cure. The empirics on the other hand, finding that mercury in ſmall quantities was for the moſt part ineffectual, run into the contrary extreme; and thereby threw their patients into ſo ſudden and violent a ſalivation, that many of them died under their hands; and the reſt who got through the ſpitting, diarrhæa, inflammation of the mouth, and other accidents which attend the height of a ſalivation, at length came abroad pale, emaciated, toothleſs, ſtammering, and not able to open their jaws.

Hereupon the phyſicians who had been witneſſes to the misfortunes brought on by this method, inveighed ſeverely againſt the uſe of mercury, not only as a dangerous but a fatal remedy. In ſhort, matters were brought to that paſs, that the ſick were in doubt, whether to liſten to the phyſicians, and wear out their days in a lingering diſtemper; or by truſting to empirics, expoſe themſelves to certain

certain torments, and even run the hazard of dying in the cure.

The cure by the Indian woods.

Guaiacum firſt introduced. THINGS, I ſay, being brought to this paſs, it fortunately happened about the year 1517, that guaiacum and lignum ſanctum were brought into *Europe* from the *Weſt-Indies*: which being reported to cure the venereal diſeaſe without danger, were therefore received with wonderful applauſe. There are ſeveral accounts how theſe woods came to be known in *Europe*. The following is taken from Monſ. *Geoffroy*.

" It happened that a certain *Spaniard* living in *Hiſpaniola*, was grievouſly afflicted with the venereal diſeaſe, from an impure commerce with an *american* woman. In his houſe was a native of *America*, who practiſed phyſic in that province, and who gave him a decoction of the wood of *guaiacan* (as they call it) to drink; whereby he was relieved of his pains, and quite cured of the infection. Upon this many *Spaniards* who had received the infection, had recourſe to the ſame remedy, and with the ſame ſucceſs. Afterwards ſeveral of them returning to *Spain*, ſpread abroad its reputation; from whence it pre-

preſently became known to the reſt of *Europe*;" and continued every where in great repute, till the uſe of mercury was again introduced.

It has been hinted above that theſe *indian* woods are of two ſorts; but they are ſo alike in virtue, that they are uſed indifferently for one another.

The manner of preparing the decoctions was as follows. *They took of the wood cut into ſmall pieces, or ground to powder one pound or twelve ounces; and infuſed it twenty-four hours in eight, ten, or twelve pints of water in an earthen veſſel.* Afterwards, *the veſſel being well cloſed, they boiled it over a ſlow but conſtant fire, till a fourth, or a third part, or one half was conſumed, according as a ſtronger or weaker decoction was judged neceſſary. The decoction being cooled they filtered and kept it for uſe in a glaſs phial well ſtopped.*

Upon the wood which was left in the pot, they poured the ſame quantity of water, which was boiled over the fire to the conſumption of one fourth part. This ſecond decoction was filtered, as above. The former of theſe was uſed for medicine; the latter for common drink.

The decoction being prepared, and the patient firſt purged with a gentle cathartic, and kept upon a ſpare diet for a few days; he was ſhut up in a warm chamber, ſo cloſe that no air

air nor wind could get in. Being then confined to his bed, he took early in the morning a draught of the firſt decoction warm to about the quantity of eight or ten ounces; and covering himſelf up cloſe, lay and ſweat for two or three hours. The ſweat being rubbed off about four hours after the firſt draught, two or three ounces of biſcuit were given him to eat, with a few raiſins, almonds, or piſtacho nuts, and a large draught of the ſecond decoction by way of drink. Then reſting four hours longer, he took another draught of the firſt decoction to the amount of about eight or ten ounces, and ſweat three hours as before; and the ſweat being rubbed off, he took biſcuit, raiſins, *&c.* together with another draught of the ſecond decoction as above. But if the patient was of a thin, weak, tender conſtitution, and not likely to bear being confined to ſo ſpare a diet; he was allowed a larger quantity of biſcuit and raiſins, or a little chicken broth, and within a few days after a quarter or half a chicken roaſted or boiled in pure water and without ſalt.

This method was obſerved for fourteen days; during which time if the patient was inclined to be coſtive, an emollient glyſter was thrown up once in two or three days. At the end of fifteen days, he was purged with ſome gentle cathar-

cathartic, ſuch as *caſſia*, *manna*, *tamarinds*, &c. Afterwards the ſame method was repeated till the thirtieth or fortieth day, only a larger quantity of food was allowed: and at the end of the twenty-fifth or thirtieth day, he was ſuffered to get up, and walk about the room when the ſweat was off. At the cloſe of the cure, he was purged again; and then had leave, not to go into the open air at once, but to walk in another room, till he ſhould be able to bear the air. For great care was taken not to enter upon any change on a ſudden, but to proceed gradually for a month: during which time he was confined to a regular diet, and refraining from wine, uſed only the ſecond decoction for his common drink.

Thus then a pure decoction of guaiacum (which is naturally ſharp and aromatic, and but little or not at all altered by food in the ſtomach) being received into the lacteal veſſels exhauſted thro' abſtinence, was freely carried by the circulation through all the parts of the body: where it diſſolved and attenuated the globules of the blood and lymph, which were inſpiſſated or hardened by the venereal poiſon; altered and corrected the contagious particles it met with, or elſe carried them off by ſweat or urine; gradually opened whatever obſtructions had been formed in the viſcera or veſſels; and in the courſe of forty days, extirpated the poiſon,

ſon, and reſtored the patients to their former health.

Ulricus Hutton, a german phyſician, in the year 1518, publiſhed a profeſſed treatiſe on this method of cure: wherein he has openly declared, that he was himſelf for nine years together, grievouſly afflicted with the venereal diſeaſe; labouring under the moſt acute pains, ſeveral exoſtoſes, an ulcerous caries of the bones, and a very dangerous maraſmus: that he had tried the method of cure by mercury eleven times without ſucceſs: and that after having ſuffered tortures and dangers, hardly to be conceived, and after his life was deſpaired of by every body; he was happily reſtored to a perfect and ſound ſtate of health, ſolely by the uſe of a decoction of guaiacum in the manner deſcribed above. In the year 1536 *Nicholas Poll*, phyſician to the emperor *Charles* the fifth, publiſhed likewiſe another treatiſe on the ſame ſubject: in which he tells us, that at almoſt one and the ſame time, three thouſand men whoſe lives were deſpaired of, were reſtored to perfect health by the uſe of the decoction of guaiacum, appearing after their recovery as if they were new born.

But as this method was uſed indiſcriminately, without a due regard being had to the difference of conſtitutions; it was ſoon found by experience, that many who were of an infirm habit

habit of body, or of a hot, ſharp, bilious conſtitution; or who were naturally lean, or ſubject to any diſorder in the lungs, liver, kidnies or ſtomach; or laſtly, who were any way inclined to a conſumption: it was ſoon found, I ſay, that ſuch (being waſted and extenuated partly by the too great abſtinence, and partly by the ſharpneſs of the decoction, and the immoderate ſweats) frequently fell into a decay, maraſmus, hectic fever, and incurable conſumption.

In order to prevent theſe inconveniences, it was thought adviſeable to mitigate the rigour of the former courſe: to this end they allowed the patient a fuller diet, gave a weaker decoction, and ſet apart a ſhorter time for ſweating. But by theſe means they broke the force of the remedy, which therefore became too weak to encounter the diſeaſe. And thus guaiacum, which was at firſt received with ſuch great applauſe, began to ſink in its reputation.

China root firſt introduced. It happened about this time (namely, about the year 1535 or 1536) that the china root was brought into Europe; which once more raiſed the expectations both of the phyſicians and their patients. It was brought firſt by ſome chineſe merchants to *Goa*, a trading town in the eaſt Indies; from whence it was ſoon imported into Europe. *Veſalius* ſays, that while he viſited the ſick at *Venice*, under the profeſſors and principal phyſicians

ans there, this root was brought thither, not without great expectations and extraordinary praiſes beſtowed upon it.

The decoction of this root was prepared thus. *They took of freſh china root one or two ounces; they cut it into ſmall pieces, and infuſed it in ſix or eight pints of water by the fire-ſide. Then they boiled it in an earthen veſſel well covered till one third part was conſumed. After which they ſtrained it off, and kept it in a phial well-ſtopped for uſe.*

Of this decoction the patient (being firſt prepared by purging and bleeding if thought neceſſary) took eight or ten ounces early every morning; and covering himſelf up warm lay and ſweat for two or three hours. After which wiping off the ſweat, he was permitted to riſe and walk about the chamber in his clothes; and in ten or twelve days, if the weather was mild to walk abroad, provided he took care to keep himſelf warm. As to diet, he was not confined to ſo ſtrict a regimen, as in the courſe of guaiacam: for he was allowed to eat chickens, pullets, or capons, roaſted or boiled without ſalt: but he was abſolutely to abſtain from wine, and uſe only the decoction of china for his common drink. This courſe was repeated daily for four or five and twenty days, in which time the cure was thought to be compleated: and if in the mean time he was coſtive, a few

leaves

leaves of ſenna might be added to the decoction, or a glyſter injected every other day.

But how much ſoever this method might be cried up at firſt, and though it is generally allowed to be of ſervice in the gout, ſciatica, œdematous ſwellings, king's evil, &c. yet it is of but little ſervice in the venereal diſeaſe; and if china root really does poſſeſs any antivenereal virtue, it is by far inferior to the virtue of guaiacum.

Sarſa-parilla firſt introduced. THERE was another root named ſarſa-parilla, which obtained a better reputation, and began to be in eſteem much about the ſame time. It was brought from ſeveral places in *America*, particularly from *Peru*, *Mexico*, *Brazil*, &c. It is inferior indeed to guaiacum, but is generally thought to be much ſuperior to china-root, and even to excel guaiacum itſelf, if after mercurial unctions, or a courſe of decoction of guaiacum, there remain ulcers, fiſſures about the anus, tophs, nodes, ganglia, gummata; and eſpecially if there be rheumatic pains, whether fixt or wandering, which owe their origin to impure coition: for in this caſe they are judged ſpecific.

The decoction of ſarſa-parilla was made after the ſame manner as the other decoctions; and the ſame method was obſerved in uſing it.

Saſſafras

Saſſafras firſt introduced. ABOUT the ſame time was brought from *America*, but chiefly from *Florida*, another antivenereal wood, called by the natives *pabamwe*, but by the europeans ſaſſafras. Its virtue in ſubduing the venereal diſeaſe, is nearly the ſame with that of china; and therefore it is far inferior to guaiacum and ſarſaparilla.

The decoction of ſaſſafras was made and given after the ſame manner as the decoctions of china and ſarſa-parilla.

Sudorific ptiſans. IT has for ſome time been the cuſtom to boil the woods of guaiacum and ſaſſafras, and the roots of china and ſarſaparilla together; for the moſt part without any purging ingredient, but ſometimes with a few leaves of ſenna, and generally with ſome powder of crude antimony. Hence are made ptiſans or decoctions, which are ſometimes endued with a diaphoretic and diuretic quality; at other times with a diaphoretic and cathartic quality; and which are known by the name of *ſudorific ptiſans*, or *decoctions* of *the ſudorific woods.*

The doſe of each of theſe ingredients is different, according to the different intentions to be anſwered. In general however the decoctions were made in this manner.

℞ *lign.*

℞ *lign. guaiac.*
saſſafras:
rad. chinæ,
ſarſæ-parillæ ana ℥ij.
Infunde tepide horis 24 *in aq. comm.* ℔x *vel* xij.
Indè additis, ſi ita videatur,
Antimon. crud. craſſiuſculi trit. & nodulo concluſ. ℥ij.
Coq. omnia lento igne in vaſe clauſo ad conſumptionem ℥tiæ *partis. Tunc addatur rad. liquirit.* ℥j. *imò ſi vis purgans in decoct. requiratur, fol. ſennæ* ℥ſs. *Poſteà decoctum, cum tepuit, colo tranſmittatur,* &c.

It is uſual to give three draughts of this decoction every day, for twelve or fifteen days; namely in the morning upon an empty ſtomach, at four or five in the afternoon, and at night going to bed: or two at leaſt, *viz.* morning and evening, if it ſhould be thought convenient to omit that in the afternoon. During this time the patient muſt confine himſelf to a ſpare diet, and keep within doors, if the coldneſs of the weather ſo require.

But the uſe of theſe decoctions is at preſent confined to local, incipient, or ſlight venereal diſorders; or at moſt to ſuch ſpecies of the confirmed lues as are complicated with a ſtrumous

or ſcorbutic habit; and even then they are never relied upon, without a previous adminiſtration of mercury; which after repeated experience, is found to be the moſt effectual remedy for extirpating the venereal poiſon.

There are likewiſe ſome other roots and woods, which have been recommended for the cure of this diſeaſe; ſuch as the *juniper-wood*, *burdock-root*, *ſoap-wort*, &c. but theſe are too inſignificant to deſerve any particular notice here. Let us therefore return to the uſe of mercury; which if not wholly omitted, had been very much neglected for upwards of forty years; namely, from the time that the indian woods were firſt brought into europe, till about the year 1562.

CHAP. VII.

Mercury again brought into uſe, and the ſeveral ways of adminiſtering it.

THE virtues of guaiacum, china, ſarſaparilla, *&c.* being by repeated experience further enquired into, and their inſufficiency becoming more known, it was found neceſſary about the time above mentioned (as no other effectual remedies were diſcovered) to try again what could be done by mercurial unctions. But as they had formerly failed under the too cautious adminiſtration of the phyſicians, and as

as they had occaſioned many terrible, and even fatal accidents under the raſh and inconſiderate management of the quacks; the revivers of this method thought proper to purſue a medium betwixt the raſhneſs of the one and the diffidence of the other; ſo as while they indulged in a freer uſe of mercury than the phyſicians had formerly done, to avoid running into the contrary extreme, and thereby ſhun thoſe rocks on which the empirics uſually ſhip-wrecked their patients. And this conduct was attended with ſuch good ſucceſs, that from this time forwards all the phyſicians in europe continued to make uſe of mercury and its preparations, and to confide in them as the moſt effectual remedies for eradicating the venereal poiſon.

Mercury being again brought into eſteem, was uſually adminiſtered two ways: either externally, by way of ointment, plaiſter, or fumigation; or internally, by taking it at the mouth in ſome convenient form.

Its external uſe. THE external uſe of mercury is of greater antiquity, than the firſt appearance of the venereal diſeaſe; being uſed by the antients in this manner againſt the itch, herpes, impetigo, &c. and thence transferred by analogy to the cure of this diſeaſe, as has been already obſerved. It was uſed outwardly three ways; 1. by unction or liniment; 2. by plaiſter

or cerate; 3. and laſtly, by way of fumigations.

By unction or liniment. THE baſis of their liniment was mercury killed in ſuch a quantity as to conſtitute a ſixth or eighth part of whatever it was mixed with. But for fear it ſhould be prejudicial to the nerves by reaſon of its coldneſs, ſo as to occaſion a numbneſs or palſy, they added a multitude of hot, attenuating, diſcutient ingredients; ſuch as the *ol. chamæmel. anethi, rutæ, ſeſami, rad. zedoar. irid. florent* and a thouſand others of the ſame kind; more or fewer of which were beat up with hog's lard, gooſe-greaſe, &c. into the form of an ointment or liniment: with which they rubbed the limbs, joints, and whole body, except the belly, breaſt, and head; which parts they religiouſly forbore. This unction was repeated at convenient intervals, till manifeſt ſigns of a ſpitting came on.

But the mercurial liniments which are now uſed, are prepared in a much ſimpler manner: for laying aſide the uſeleſs, and indeed prejudicial, tribe of ca'efacients, it is now made up with pure mercury killed with a very ſmall quantity of turpentine, and incorporated with freſh hog's lard in a marble mortar. The proportion of mercury is likewiſe conſiderably larger; our liniments conſiſting ſometimes of equal parts of quick-ſilver and lard; ſometimes

times of one part quick-ſilver and two parts lard; but they are hardly weaker than three parts lard to one of quick-ſilver.

It is now the general practice to uſe theſe mercurial liniments more or leſs, according to the age, ſtrength, and conſtitution of the patient; and according to the nature of the ſymptoms and the inveteracy of the diſeaſe. So that in ſome we anoint every day, in order to bring on a plentiful ſpitting: in others every ſecond, third, or fourth day, where a more gentle ſpitting may ſuffice: and in others at longer intervals, where we would avoid raiſing any ſpitting at all. Nor are we afraid to anoint the head, breaſt, or belly; if any node, ganglion, ulcer, or other local diſorder ſhould be ſeated thereon.

Cerate or plaiſter. THE materials of the mercurial cerate or plaiſter were the ſame with thoſe of the liniments; only there was a ſmaller proportion of lard, and wax ſupplied the place of what was taken away, in order to give the plaiſter a due conſiſtence. With this plaiſter or cerate ſpread upon leather, they covered the joints, limbs, and whole body (except the belly, breaſt, and head): nor did they take it off, till evident ſigns of a ſpitting appeared.

But this method has been long ſince laid

aſide; not only becauſe the ſkin was by this means over-heated, and apt to break out into itching puſtles, to the great uneaſineſs of the patient; but likewiſe becauſe it was ſlow, and not very effectual in raiſing a ſpitting; the mercury being too cloſely entangled by the wax and other ingredients. Nevertheleſs theſe plaiſters are ſometimes applied to particular parts, to reſolve nodes, ganglia, &c.

Fumigations. THE laſt method of applying mercury externally was by means of fumigations. The fumigations conſiſted of mercury extinguiſhed by ſpittle or turpentine, or cinnabar, together with ſome other ingredients of a fat and oily nature; ſuch as *oliban. thus, myrrh, opoponax, nux moſchat.* &c. which being reduced to powder were made into troches with the mucilage of *gum tragacanth.* or elſe mixt up with turpentine into the form of an electuary. This being done, the patient was placed, ſtanding or ſitting, under a canopy, with his head either in or out, in proportion to his ſtrength: at his feet was ſet a chafing diſh of hot coals, upon which they caſt every now and then ſome of the troches; ſo that he was wholly expoſed to the fume, till he fell into a plentiful, ſweat, unleſs he was in danger of fainting. Then the patient was laid in a warm bed, covered

up

up close, in order to promote a more profuse sweat; which in an hour or two after was wiped off, and he had proper refreshment given him. And this process was repeated for several days, till such time as the spitting began to rise.

But this method of fumigating is long since grown into disuse, being found to weaken the patient with sweats to no purpose, to bring on a spitting of no significancy, but chiefly to be very prejudicial to the head and lungs, if the smoak was received with the head within the canopy, as the custom was.

Nevertheless we sometimes fumigate even now, as has been shewn in the foregoing part of this treatise, when speaking of the cure of chancres; but then it is with cinnabar only, or perhaps a little frankincense mixt with it. Nor are these fumigations ever used for the sake of raising a salivation, as they formerly were; but only to correct the virulency of some malignant chancre; to hasten the cure of warty excrescences or fissures about the anus; and to stop the hasty spreading of phagedœnic ulcers in the nose and throat. But even in these cases they are to be used with caution, directing the smoak as much as possible to the parts affected; and carefully keeping it from the eyes, nose, and mouth, unless the disorder happens to be seated particularly

cularly in theſe parts, in which caſe they muſt be uſed in ſmaller doſes and at longer intervals. But in no caſe are they to be looked upon any otherwiſe than as a palliative cure; which it will be neceſſary to eſtabliſh by a regular courſe of unction, or by mercurials given inwardly, in ſuch manner as effectually to eradicate the venereal poiſon out of the blood.

The uſe of mercury internally. We have ſeen that the uſe of mercury externally is of very great antiquity, and that it was transferred by analogy to the cure of this diſeaſe. It was ſomewhat longer before it was ventured to be given internally, the ancients poſſitively declaring that it was poſſeſſed of a poiſonous quality. But at length when they were found to be miſtaken in this point, the cuſtom by degrees prevailed of giving it inwardly in various forms.

The firſt preparation of mercury brought into uſe, appears to have been the *mercurius præcipitatus ruber:* the preparation of which was deſcribed by *Joannes de Vigo* about the year 1503. He ranked it amongſt the phagedœnic medicines, deſigned to eat away the fungous fleſh from ulcers. He likewiſe recommended it inwardly, to the quantity of three or four grains mixt up with *theriaca*, as an admirable remedy againſt the plague. He even

even recommended it for the cure of a cholic, mixt up with a large doſe of the *philonium perſicum*. What was its ſucceſs in theſe caſes, we know not. But in the venereal diſeaſe it is certain he never gave it inwardly; he only applied it outwardly to puſtles and chancrous ulcers of the penis, in the ſame manner as we do now.

Petrus Andreas Mattheolus, in a book which he publiſhed on this diſeaſe about the year 1536, was the firſt (if not the only one) amongſt the antients, who ventured to recommend it internally in this diſeaſe. But he firſt ordered it to be well waſhed in diſtilled plantain or ſorrel-water; *becauſe*, added he, *a great deal of miſchief may happen from taking this powder, unleſs it be firſt duly prepared.* The powder thus prepared he gave in a pill, to the quantity of five grains; and affirmed that from the uſe of it, the venereal pains would quickly be removed, &c. But it does not appear that he had any followers amongſt the antients; but on the contrary many oppoſers, ſuch as *Gabriel Fallopius*, *Alexander Trajanus Petronius*, and others.

To the red precipitate ſucceeded mercury in its native form, or crude as it is called; which was formerly given in the famous *pilulæ barbaroſſæ*, ſo called (as is imagined) from their being uſed by *Chairedin Barbaroſſa*, a king of *Algiers*. They were prepared after this manner.

℞ *argent. viv.* ʒxxv,
rhubarb. elect. ʒx,
diagrid. ʒiij,
moſchi & ambræ ana ʒi,
farinæ trumenti ʒij,
Cum ſucco limonum fiat maſſa pilularum, ex quâ formentur pilulæ magnitudine cineris: & detur una pro vice, omni die per horam ante cœnam.

Theſe pills were ſaid to have been wonderfully ſucceſsful againſt the venereal diſeaſe. But a man who had taken them, happening to fall down dead of a ſudden, this misfortune was through prejudice imputed to them: and at length they fell into ſuch diſgrace, that if any one who had taken them, happened to be ſeized with any kind of diſorder for ten years after, the blame was ſure to be laid at their door. So difficult was it for the phyſicians at that time of day, intirely to diveſt themſelves of the prejudice of the ancients!

At preſent however we are better acquainted with the uſe of mercury internally; being poſſeſſed of ſeveral efficacious preparations of it, which we know may be uſed with the utmoſt ſafety, provided they are given at proper intervals, and in a convenient doſe. Such are the *mercur. ſublimat. dulc.* or *aquila alba*, as it is called, which may be given from x to xv or xx grains;

grains; *calomel*, which may be given from xij to xxiv grains; the *panacæa mercurial.* which is the mildeſt of any, and may be given from xv grains to half a drachm.

To theſe may be added the common *æthiops mineral*, made of mercury and flowers of ſulphur rubbed together in a marble mortar, or, (which is better) prepared with fire; alſo ſeveral other kinds of *æthiops*, as the *mercurius alkalizatus*, made by rubbing a quantity of quickſilver with teſtaceous powders; *mercurius antiphthiſicus*, with balſam of peru; *mercurius antiſcorbuticus*, with gum guaiacum; *mercurius vivus dulcis*, with manna, *&c.* But theſe medicines are leſs efficacious than the foregoing.

There are ſome who make no ſcruple of giving the rougher preparations of mercury; ſuch as the *mercur. præcipit. rubr. mercur. præcip.* flav. vel *turpeth. mineral. mercur. præcipit. virid.* &c. But theſe are of ſuch a corroſive, and poiſonous nature, that if they are not uſed with the utmoſt caution, and given only to perſons of a ſtrong, robuſt conſtitution; they are apt to produce inflammations and eroſions of the viſcera, hypercatharſes, exceſſive vomitings, violent pains at the ſtomach, ſpaſms, great anxiety, and ſometimes fatal ſyncopies. The ſame may likewiſe be ſaid of the *mercurius præcipitatus per ſe*: which though milder than the com-

mon red precipitate, is nevertheleſs a very rough medicine, and requires to be given with a great deal of caution; as has been hinted already, when ſpeaking of it in the cure of chancres.

Another way of giving mercury internally is by diſſolving a drachm of *mercur. ſublimat. dulc.* or *panacæa mercurial.* in a pint of the common ſudorific ptiſans of *guaiacum*, *china*, &c. For preparations of this kind (contrary to the common opinion) may be intirely diſſolved in a ptiſan or other aqueous menſtruum; provided what is left undiſſolved the firſt time, be repeatedly levigated in a marble mortar, and thrown again into the boiling liquor.

THE manner of giving the *aquila alba*, *calomel*, *panacæa mercurialis*, &c. internally; as alſo of uſing the mercurial unction externally, has already been deſcribed, ſo far as relates to the cure of incipient and local venereal diſorders, in the former part of this treatiſe: where it may be remembered that the mercury was purged off from time to time, in order to prevent a ſalivation from coming on; which in thoſe ſlighter degrees of infection is not judged neceſſary.

The ſame methods may likewiſe be of ſervice in a confirmed lues, not to cure indeed, but to palliate and keep under the fury of the diſeaſe, when the patient's circumſtances will not

not permit him to enter at preſent upon a radical cure. To the ſame end the common *ſudorific ptiſans* may alſo be uſeful, being accompanied at the ſame time with gentle mercurial frictions, or elſe the uſe of *calomel* or *panacæa mercurialis*; which may either be given in pills, or diſſolved in the ptiſans as mentioned above. But which ever way they are given, it ſhould be in ſuch ſmall doſes, as not to purge or make the mouth too ſore. For the longer they remain in the blood, and continue to act upon it, ſo much the more will they correct and keep under the virulency of the diſeaſe. But if they are given in ſuch doſes as either to purge of themſelves, or, by making the mouth ſore, render it neceſſary to carry them off by purging medicines, their efficacy will in a great meaſure be weakened and deſtroyed.

But it ſeldom if ever happens, that in a confirmed lues a radical cure can be effected by ſuch means, eſpecially when the diſeaſe is become inveterate. For in ſuch caſes the infection being univerſally ſpread through the whole maſs of blood and humours, and the ſolids being generally injured by it, before we have ſufficient notice of the diſeaſe; it is found neceſſary by repeated experience, that the blood ſhould be ſaturated with mercury to ſuch a degree, as will generally ſpeaking bring on and ſupport a ſalivation, for a month or five weeks together. I ſay;

I ſay, as will generally ſpeaking bring on and ſupport a ſalivation: for it muſt not be imagined that the ſalivary diſcharge is abſolutely neceſſary to exterminate this diſeaſe; ſince there have been many inſtances, where this diſcharge could not be procured, though a mercurial courſe had been regularly conducted for this purpoſe. But then ſome other ſecretion is generally increaſed; and plentiful ſweats, a diarrhæa, or elſe a larger diſcharge by urine commonly ſupply the place of the ſpitting. However as a ſalivation is the moſt general and natural effect of a plentiful adminiſtration of mercury, it is therefore thought moſt adviſeable to promote and encourage it, whenever there is a tendency this way. For however it may happen that nature does ſometimes promote ſome other ſecretion, by which, when the blood is thoroughly impregnated with mercury, the diſeaſe may be cured without ſalivation: yet when we purpoſely divert the natural tendency of the mercury this way, and endeavour to ſupply a ſpitting by any other evacuation (eſpecially by purging), the patient for the moſt part miſſes of a cure, or at leaſt much oftner than when the ſpitting is ſuffered to go on in a regular manner.

A ſalivation may be raiſed by mercury two ways: either by mercurial preparations given inter-

internally; or by rubbing the mercurial liniment externally. But the method of raiſing a ſalivation by mercurials given inwardly is attended with many inconveniencies. For when they are given in ſuch quantities and repeated ſo often, as is neceſſary for this purpoſe, they greatly weaken and diſorder the ſtomach and inteſtines: and hence ariſe nauſeas, vomiting, looſeneſs, and other accidents, which interrupt and retard the progreſs of the cure. And therefore mercurial liniments are generally preferred, becauſe in theſe the mercurial particles enter the blood without touching the ſtomach; whence they are leſs liable to occaſion the accidents above mentioned.

HAVING premiſed thus much concerning the different methods of treating a confirmed lues; and ſhewn not only that mercury (particularly by way of unction) is the remedy moſt to be relied on, but that it muſt be adminiſtered in ſuch a manner, as to bring on a ſalivation; or at leaſt that this diſcharge muſt be promoted and encouraged, whenever, from the mercury being plentifully mixed with the blood, there is a natural tendency this way: having, I ſay, premiſed thus much, I ſhall now proceed to deſcribe the method of raiſing and conducting a ſalivation, and likewiſe the preparation neceſſary beforehand to be obſerved.

CHAP.

CHAP. VIII.

Of the method of preparing the patient before ſalivation.

BEFORE the adminiſtration of the mercurial unction, it is neceſſary to conſider, 1. whether the patient be at preſent in a condition to bear a ſalivation; 2. what ſeaſon of the year is moſt proper to undertake it in; 3. what preparation is to be obſerved beforehand; 4. laſtly, what compoſition of the mercurial liniment is to be uſed for this purpoſe.

Whether the patient be at preſent in a condition, &c.

As to the firſt queſtion, it is a rule laid down by every one, that the mercurial unction muſt never be adminiſtered to ſuch as labour under any dangerous diſeaſe; nor to women near the time of their delivery; nor to ſuch as are too much exhauſted by ſickneſs, venery, labour, or abſtinence. It muſt therefore be omitted, whenever the patient is afflicted with any acute diſeaſe, ſuch as a *malignant fever*, *pleuriſy*, *peripneumony*, *ſpitting of blood*, &c. as alſo if he be troubled with any dangerous chronical diſeaſe, ſuch as a *dropſy* of the thorax or abdomen, a confirmed *ſkirrhus* of the liver, ſpleen, *&c.* a *conſumption* of the lungs in its laſt ſtage, a *ſlow fever*, &c.

Never-

Nevertheleſs, if theſe chronical diſorders have never ſhewn themſelves till after the invaſion of the lues, and if there ſhall be other ſufficient reaſons to judge that they depend on the lues as their firſt cauſe; in this caſe, after the body is duly prepared, the unction muſt not be omitted; but it muſt be uſed in ſmaller quantities, and at longer intervals than uſual, leſt any misfortune ſhould ariſe from being in too great a hurry.

As to thoſe other chronical diſorders, which are of a leſs dangerous nature, they are not to be conſidered as obſtacles to this courſe. And Dr. *Aſtruc* is of opinion, that an *aſthma*, *palpitation of the heart*, *nephritic diſorders*, *want of appetite*, &c. ought not to deter us from adminiſtring the unction.

If a woman with child ſhould happen to be infected near the time of delivery, you muſt abſolutely refrain from adminiſtering the unction till after ſhe is brought to bed; for fear of occaſioning a miſcarriage, as has been formerly mentioned. But if her reckoning be not near out, as there is danger of the diſorder becoming worſe by delay, mercurial unctions are immediately to be adviſed; but in ſmaller doſes and at longer intervals than ordinary. By this means the mother and the child may both be freed from the diſtemper at the ſame time.

If an infant that ſucks happens to be infected, the nurſe muſt be anointed in its place; and the rather

rather, becauſe it is hardly poſſible but ſhe muſt partake of the ſame diſorder. So by curing the nurſe, the child will likewiſe be eaſily cured, by means of the mercurial atoms which it receives along with the milk. But if the child be weaned, its cure muſt be immediately attempted either by gentle mercurial preparations given inwardly, or elſe by mercurial unctions: which laſt Dr. *Aſtruc* thinks the ſafeſt way. However both methods require a degree of prudence and caution, proportioned to the tender age and conſtitution of the patient.

The ſame may alſo be ſaid with regard to old people, who labour under a confirmed lues: they are to be cured by unction, although ſuperannuated and decrepit; but in ſuch a manner as is proper and ſafe for old and decrepit perſons to be treated.

In ſhort, if from any cauſe whatever the patient's ſtrength be very much exhauſted (whether from old age, ſickneſs, or abſtinence) the unction muſt be deferred, till by reſt and proper nouriſhment he is ſo far recovered, as to be able to endure the fatigue, pain, and inconveniences of a ſalivation.

It is thought improper to anoint a woman whilſt her menſes are upon her, or when the period is near at hand. Having therefore gone through the preparatory method before the time of the diſcharge, the unction ſhould be begun upon

upon the ſecond or third day after the menſes have ceaſed to flow: by which means they will not return till towards the latter end of the cure, when the force of the mercury being abated, there will be no danger to be apprehended on this account.

What ſeaſon of the year is moſt proper, &c.

THERE is little queſtion to be made about the ſeaſon of the year. For it is agreed on all hands, that the unction muſt neither be adminiſtered in the height of ſummer, nor the depth of winter. Not in winter, leſt the blood being inſpiſſated by the cold, and circulating ſlowly, ſhould elude the force of the mercury; and leſt perſpiration being obſtructed and the ſalivation checked by the ſudden cold, ſhould occaſion a violent defluxion on the head or lungs, or cauſe the glands about the throat to ſwell, ſo as to endanger a ſuffocation. On the other hand, it muſt not be adminiſtered in ſummer, 1, leſt the blood being already rarefied, and its motion increaſed by the heat of the weather, ſhould be melted down too much, and rendered too thin by the additional force of the mercury acting upon it; 2, leſt the pores of the ſkin being greatly relaxed, perſpiration ſhould become too profuſe, and there ſhould be too great an expence of ſpirits; laſtly, leſt dange-

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rous perturbations, feveriſh orgaſms, &c. ſhould be raiſed in the blood.

The propereſt ſeaſons therefore for adminiſtering the unction, are ſpring or autumn; whilſt the moderate warmth of the air neither retards nor precipitates the force of the mercury; but gently aſſiſts it, and at the ſame time favours the diſcharge both by perſpiration and ſalivation. But of theſe ſeaſons the ſpring is rather to be preferred; becauſe the weather growing daily milder and warmer, the patient recovers his ſtrength ſooner than he does in autumn (eſpecially towards the latter end of it) when the weather grows daily colder and colder.

But if the diſeaſe be very urgent, by reaſon of the violence of the ſymptoms, and there is any danger to be apprehended by delaying the cure; we muſt not wait for a more commodious ſeaſon, but immediately adminiſter the mercurial unction, though it be the height of ſummer or the depth of winter; taking all poſſible care to keep the chamber warmer or cooler, according as the ſeaſon of the year ſhall require. But the winter ſeems a more convenient ſeaſon than the ſummer; becauſe it is eaſier to provide againſt cold, than it is againſt heat.

What preparation is to be obſerved, &c.

IT is proper, before we begin a ſalivation, to premiſe the uſe of ſuch remedies, as by correcting

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ing the diſorders of the blood, and relaxing the tone of the ſolids, may diſpoſe the mercury to act more kindly, and prevent thoſe diſturbances that might otherwiſe be raiſed by it.

To this end it is uſual firſt of all to take away twelve or fourteen ounces of blood from the arm; that the veſſels being emptied, there may be room for the rarefaction of the blood from the mercury that is to be mixt with it.

In the next place the bad chyle, which lies in the firſt paſſages, muſt be carried off; as muſt alſo the bile and other vitiated humors which abound in the blood; for fear of raiſing any bad ſymptoms in the time of ſalivation. Therefore after having adviſed a clyſter over night, an emollient purge ſhould be ordered to be taken the next morning.

After the patient has been bled and purged, he muſt be ſent to the warm bath, not only to cleanſe the ſkin, but to ſoften and relax the veſſels; that they may ſuffer the leſs damage from the attrition and violent motion of the blood. If the patient be weak, he muſt go into the bath but once a day; but if he be ſtrong he may bath twice a day, in the morning faſting, and in the evening after the digeſtion of his dinner is thoroughly compleated. He muſt ſtay in an hour, or an hour and an half each time. The number of times, muſt be determined by the dryneſs or humidity of the patient's

tient's conſtitution. But it is ſeldom cuſtomary to bathe leſs than ten times, or to exceed ſixteen. However if the patient be a breeding woman, ſhe muſt neither bathe ſo often, nor continue in the water ſo long at a time, for fear an abortion ſhould be occaſioned by it.

In the mean time the patient ſhould drink every morning, either a-bed or in the bath, a draught of chalybeated whey, which may be farther medicated with an infuſion *ex foliis chamædry. naſturt. aquatic.* &c: or in lieu of this, he may take a baſon of broth, made of veal or chicken, boiled with cooling, diluting, vulnerary herbs; ſuch as the *cichor. ſylveſtr. pimpinell. agrimon. capil. veneris, naſturt. aquatic.* and the like. The blood being by this means thinned and diluted, and its acrimony corrected, will be leſs liable to contract a feveriſh effervescence, and the ſaliva will at the ſame time be rendered thinner, and leſs ſharp and acrimonious.

The bath being left off, bleeding ſhould be again performed in plethoric people, and afterwards the purging repeated. But if there are no ſigns of a plethora, nor any other indication for bleeding, bleeding may be omitted, and the purging only repeated. In people of a bilious and dry habit of body, bathing may be preſcribed once or twice after the repetition of the purge.

During the whole preparatory courſe, a temperate, moiſt, cooling diet muſt be obſerved; re-

refraining from wine, venery, and over-exercise either of body or mind.

It appears from what has been said, that those are much in the wrong, who recommend a heating, drying method of preparation; such as *viper broths*, decoctions of *guaiacum*, *china*, *sarsaparilla*, *saffafras*; *mercurials* taken inwardly, *&c.* For by this means the heat, dryness and acrimony of the blood is increased; and the solid fibres and vessels hardened and crisped up. Hence the mercury acting more tumultuously in the blood, and the saliva being less in quantity and more acrimonious, there ensue greater heat, inflammation and ulceration in the internal parts of the mouth.

THE method above described is abundantly sufficient for the preparation of such persons, as only labour under the lues venerea, and are sound in other respects. But if the lues shall happen to be complicated with any other disorder arising from a different cause (such as an *asthma*, *cough*, *beginning consumption*, *hectic fever*, *cachexy*, *œdematous swellings* of the feet, *jaundice*, *hypochondriacal disease*, *epilepsy*, *scurvy*, or *habitual diarrhœa*); we must not proceed immediately to the use of the unction, nor even to the usual preparatory method, till such time as these disorders are either cured, or sufficiently palliated by their proper remedies. And then

the preparatory method muſt be varied, according to the circumſtances of the caſe.

Thus if the patient has bad lungs, is emaciated, feveriſh, *&c.* the purges muſt be of the gentleſt kind; and inſtead of baths, ſemi-baths muſt only be uſed. If the patient be cachectic, and has œdematous ſwellings of the feet, the purges indeed may be ſtronger; but bleeding muſt be omitted in this caſe, or at leaſt performed with a ſparing hand: nor muſt bathing be ſo often repeated. On the other hand, if the patient be inclined to a jaundice, bathing muſt be continued longer than uſual. If the patient be troubled with epileptic fits, we muſt bleed ſomewhat freer than uſual, and likewiſe make uſe of briſker purges: but in reſpect to baths, the ſemicupia are to be preferred. If the patient be ſcorbutic, beſides the other anti-ſcorbutic remedies, he may drink aſs's, goat's, or cow's milk, with an equal part of a decoction of *guaiacum*, *china*, *ſarſa*, &c. Laſtly, if the patient be troubled with an habitual diarrhæa, the unction muſt be deferred for a conſiderable time, for fear it ſhould occaſion a return of the diſorder; the bathings likewiſe muſt be leſs frequent, leſt the bowels ſhould be rendered too lax.

Theſe diſorders being cured, or ſuch of them as will not admit of a thorough cure, being ſufficiently palliated, firſt by the uſe of proper medicines, and afterwards by a preparatory method

ſuited to them, we may then proceed to adminiſter the unction. But after any of the diſorders above mentioned, it will be adviſeable to uſe the ointment in ſmaller doſes, and at longer intervals than uſual. By this means we ſhall prevent any ſudden diſturbances that might otherwiſe happen in the blood; and if any accident ſhould ariſe, it may be remedied with greater eaſe.

On the other hand, there are ſome ſpecies of the lues venerea, which will not admit of the delay even of the common preparatory method; as in the caſes of a *ſpontaneous fracture*, a hot, painful, inflammatory *exoſtoſis*, or a *deep caries* which penetrates to the meditullium of the bones. Here therefore all preparation being laid aſide, or at leaſt bleeding and purging being only premiſed, the mercurial unction muſt be inſtantly adminiſtered, and that in large doſes for the firſt or ſecond time, in order to abate the violence of the ſymptoms. This end being obtained, we muſt proceed more gently and leiſurely, that we may avoid raiſing thoſe diſturbances, which would neceſſarily follow from large and frequent inunctions.

But except in theſe few caſes (which indeed very rarely happen) Dr. *Aſtruc* adviſes never to omit a diligent preparation of the patient: which he obſerves is not only neceſſary to correct the diſorders which are foreign to the pox,

but alſo to gain a more ſafe and eaſy admittance for the mercury into the blood.

The compoſition of the mercurial ointment.

THERE is one ſimple method of making the mercurial ointment, which is now generally approved of, and is as follows.

Take of *the pureſt quick-ſilver, revived* from cinnabar, or at *leaſt well purged from its droſs by ſtraining it through a piece of leather, two ounces*; rub it well *with a little terpentine in a marble mortar, till the mercurial globules no longer appear*; afterwards add *an equal quantity of freſh hog's lard*; *rub and incorporate them well together, till the ointment is become quite black.*

If it ſhall be thought proper, it may be made of one part quick-ſilver, and two parts lard; by which means the ointment will be one third weaker. But this muſt be left to the diſcretion of the ſurgeon, who muſt determine in this point, according to the conſtitution of the patient, and the malignity of the diſeaſe.

The practice of adding hot oils, and aromatics to the ointment, in order to correct the coldneſs of the mercury, is at preſent univerſally condemned: firſt, becauſe they are of no manner of ſervice, mercury never doing any injury by its coldneſs, as the antients imagined; and laſtly, becauſe they frequently do harm

harm, by irritating and inflaming the ſkin, and producing exanthemata, phlyctænæ, and the like.

THERE is another article which muſt not be forgot: namely, that the patient muſt be provided with a flannel ſkirt or ſhift, as alſo with drawers, and a cap and muffler to be pined round the neck and throat, and under the chin; in order to keep theſe parts well ſecured from the cold, which above all things is diligently to be guarded againſt at this time.

CHAP. IX.

Of a ſalivation.

WE have formerly mentioned, that there are two ways of adminiſtering the mercurial unction: one, in which a plentiful ſalivation is raiſed by frequent and large inunctions; the other in which the poiſon is rooted out by a gentle ſalivation raiſed by fewer and ſmaller inunctions. Both theſe methods have their particular advantages, according to the age and conſtitution of the patient, and the degree and inveteracy of the diſeaſe.

Thus when the patient labours under weak lungs, a maraſmus, hæmoptoe, epilepſy, confirmed ſcurvy, gout, &c; or when a woman who

is infected, happens to be with child, at the ſame time, it is judged ſafeſt to uſe only the gentler inunctions. The ſame method likewiſe frequently ſucceeds in recent caſes, where the ſymptoms are mild, and the infection has not much injured the ſolid parts.

But whenever the diſeaſe is become inveterate, and the ſolid parts affected with *gummata*, *nodes*, *caries*, *exoſtoſes*, &c, it will be in vain to expect a laſting and radical cure but from a full and plentiful ſalivation, and this too continued for a ſufficient number of days. I ſhall firſt deſcribe the method of raiſing and conducting a full ſalivation, and of relieving the accidents that ſometimes ariſe in the courſe of it; after which I ſhall take proper notice of the method of adminiſtring the gentler inunctions, in order to raiſe a gentle and partial ſalivation.

Of the method of raiſing and conducting a full ſalivation.

THERE are three ſtages to be obſerved in a ſalivation: the *firſt*, in which the unctions are adminiſtered in order to bring on the ſpitting; the *ſecond*, in which the ſpitting being once raiſed is to be managed and conducted with due caution; the *third*, in which the diſorder being cured, the remains of the ſpitting are to be taken

ken off, and the patient's ſtrength reſtored by proper remedies.

The firſt ſtage. In the firſt three days, (namely, once every day, or (which is judged more ſafe and prudent) within the firſt five days, that is once every other day) it is uſual to anoint three times. The doſe of the ointment at each friction, as it is ſeldom leſs than two drachms, ſo it ſhould rarely exceed half an ounce. The firſt friction ſhould be extended from the feet to the ancles; the ſecond, from the ancles to the calf of the leg; the third, from the calf of the leg to the buttocks. They may be performed either at night or in the morning; but if in the morning, it muſt be before breakfaſt; if at night, it muſt be after the buſineſs of digeſtion is over.

The method of adminiſtring the frictions is always the ſame; namely, the patient ſtanding or ſitting before the fire, the part which is to receive the ointment, ſhould be rubbed well with a dry hand till it is red, that by this means the pores may be rendered more open. Then, the doſe of ointment being equally diſtributed on either ſide, the patient ſhould rub it in well with his naked hand, till the ſkin is grown quite dry. This done, he muſt put on a pair of yarn ſtockings and flannel drawers; which muſt be kept conſtantly on, and not changed, though they are foul. For theſe being once daubed

with the ointment which comes off the ſkin, will act as a mercurial plaiſter, and help to keep up the ſpitting when it is once raiſed. Another thing which ought carefully to be obſerved, is, that after the patient has done anointing himſelf, he ſhould firſt of all wipe his hands quite dry upon the inſide of his ſtockings or drawers, and afterwards waſh his hands as clean as poſſible with warm water and ſoap. If this precaution be neglected, and the patient ſhould happen to touch his mouth often with his ointmented fingers, he will preſently bring on very troubleſome ſloughs upon the inſide of his lips, and upon his gums; by which means his teeth will be in danger of coming out. Laſtly, after the anointing is over, he ſhould be put into a warm bed, and continue there an hour or two, that the ointment may penetrate the better.

After the third friction, the inſide of the mouth ſhould be attentively inſpected every day, in order to ſee whether there are any ſigns of the ſalivation coming on, which generally begins about this time. The ſigns which remotely preſage a ſalivation coming on, are, *faintneſs, heart-burn, a brackiſh taſte in the mouth, heavineſs in the head, quickneſs of the pulſe*, &c. But thoſe which ſhew it to be near at hand, are a *ſwelling and pain in the parotid and maxillary glands, pain in the teeth, redneſs and inflammation of the ſalivary ducts, ſoreneſs of the tongue*

and

and gums, fætid breath, an increaſed *ſecretion of the ſaliva,* &c. About this time, if it has not been done before, it will be highly neceſſary to cover the neck, throat, chin, and cheeks cloſe in order to defend them from the cold.

Upon the ſeventh day, if there ſhould be no ſigns of a ſpitting coming on, we muſt immediately proceed to a fourth unction; which muſt be extended from the buttocks, up the loins and back, as far as the neck. But at this unction we muſt uſe a larger quantity of ointment; which muſt likewiſe be rubbed in by the nurſe, having bladders tied over her hands for this purpoſe. And now it will be proper to put on a flannel ſhirt or ſhift; which indeed it is better to defer till this time, becauſe, as it generally diſpoſes the patient to perſpire and ſweat a great deal, it not only leſſens the ſalivary diſcharge, but often exhauſts the ſtrength too much if it be worn the whole time. If after the fourth friction, things remain ſtill in the ſame ſtate, on the ninth day the unction muſt be repeated for the fifth time, with the ſame doſe of the ointment as before, which muſt be rubbed upon the arms from the tops of the ſcapulæ down to the wriſts.

On the other hand, if on the ſeventh day there ſhall appear ſigns of a ſpitting coming on, it will be proper to ſtop 'till you ſee what turn it will take. If a full regular ſpitting breaks out, all further frictions muſt be laid aſide; and the

ſalivation being once raiſed, muſt be conducted according to the rules which will be mentioned below. But if the ſigns of a ſpitting ſhould ſuddenly vaniſh and diſappoint your hopes, after a few days you muſt adminiſter a fourth friction, and a fifth (under the ſame caution) till the wiſhed for ſalivation comes on.

It is a practice recommended by Mr. *Wiſeman*, Dr. *Turner* and ſome other engliſh writers, to give a *turbith vomit* or two, in order to haſten the ſalivation, if after the fourth or fifth unction there appear no ſigns of its being near at hand. And indeed the mere action of vomiting, by pumping the humors upwards, ſeldom fails to procure the deſired effect. But if there be any ſigns of an approaching ſalivation, a vomit muſt not be ventured upon by any means; leſt, by bringing on the ſalivation too precipitately, the patient ſhould be in danger of being ſtrangled by it. And for the ſame reaſon if a vomit ſhould be judged neceſſary, it muſt not be repeated too haſtily, but we muſt wait two or three days to ſee what effect the firſt vomit has produced.

It ſometimes happens that after anointing, the inſide of the mouth ſhall be inflamed, ulcerated, and extremely painful, the breath ſhall likewiſe ſmell ſtrong, and yet little or no ſpitting ſhall come on. In this caſe if the pulſe be full and ſtrong, it will be proper to take away 8 or 10 ounces

ounces of blood from the arm: and if the patient be likewiſe coſtive, or has not had a ſtool for two or three days, it will be likewiſe proper to throw up a laxative or emollient glyſter; or elſe to give ſome gentle eccoprotic purge, ſuch as *manna*, pulp of *caſſia*, or the like. By theſe means it often happens that the mouth growing eaſier, the ſalivation comes gradually on, and afterwards proceeds in a regular manner.

Regimen during the firſt ſtage. From the firſt friction the patient muſt be kept in a chamber *moderately* warm, and forbid the uſe of wine and all ſolid food, otherwiſe a diarrhœa or even a diſentery will come on. He muſt therefore be nouriſhed with *broth* only, or elſe with *panada* or ſome other light food; and for his common drink he ſhould uſe *barley-water*, or a *ptiſan* made of a decoction of barley and liquorice; with which he ſhould be plentifully ſupplied, in order to abate any feveriſh heat, and furniſh ſufficient matter for the ſalivary diſcharge.

The ſecond ſtage. A full regular ſpitting being once raiſed, the ſecond ſtage of the cure commences.

That is called a regular ſpitting, in which a thick, tenacious, viſcid ſaliva flows from the mouth either conſtantly, or at leaſt with very little interruption, to the quantity of three, four,

five or ſix pints in the ſpace of twenty-four hours. Not that we are to expect ſo large a diſcharge at the beginning or cloſe of the ſalivation: but at the height, the diſcharge ought regularly to be from three to ſix pints. If it be leſs than three pints, it will not be ſufficient to conquer the diſeaſe, unleſs it be protracted beyond the uſual number of days: as on the other hand if it exceeds ſix pints, it will be too large, and the patient will not be able to ſupport the diſcharge a ſufficient number of days to extirpate the diſeaſe.

If the ſalivation keeps within due bounds, it is neither to be haſtened nor reſtrained; but continued at the ſame height for fifteen, eighteen, twenty, or twenty-five days, according as the diſcharge of ſaliva ſhall be more or leſs. But if the ſpitting exceeds its due bounds, and ſeems to riſe too high, it muſt be checked and reduced to a proper ſtandard. To this end, the flannels and ſheets which are daubed with the mercurial ointment, muſt be changed; the ulcers of the mouth muſt be deterged, by touching them now and then with a little *honey* acidulated with *ſpirit* of *vitriol*; a purge muſt alſo be exhibited (if neceſſary) in order to carry the humors, which are haſtening to the mouth downwards. On the other hand, if the ſpitting be more ſparing than it ſhould be, it muſt be ſpurr'd forward by repeating the mercurial fric-

tions

frictions to the ſixth, ſeventh, eighth, &c. But the mouth muſt always be well inſpected firſt, in order to judge from the ſituation, number, and degree of the ulcers or ſloughs, what further may be expected from the mercury already adminiſtered.

And here we muſt diſtinguiſh between thoſe ulcers which are unprofitable and dangerous, and thoſe which are profitable and not dangerous. Under the firſt head are to be reckoned, 1. thoſe which are ſituated on the inſide of the lips, in the palate, upon the tip, back, or under part of the tongue; all which are very painful and of no uſe towards promoting the ſalivation: 2. thoſe which are not only unprofitable and painful, but even dangerous; as thoſe which are ſeated upon and corrode the gums, whence the teeth become looſe and fall out; thoſe which effect the uvula and tonſils, which occaſion difficulty in ſwallowing; thoſe which are ſeated at the root of the tongue, which inflame and ſwell this organ, ſo as to occaſion the loſs of ſpeech; laſtly, thoſe which are ſeated at the juncture of the jaws, near the tendons of the temporal, maſſeter, and internal pterygoide muſcles, and which by eroding and ſloughing their tendons, occaſion a ſtricture of the mouth.

Ulcers of this kind ſhould upon their firſt appearance be healed and cicatriſed as ſoon as poſſible. For this purpoſe they ſhould be touched

lightly with a ſkewer armed with lint, and dipt in honey or mel roſarum quickened with a little ſpirit of vitriol or ſpirit of ſalt; and this ſhould be done twice a day, till the white mucus or ſlough being fallen off, they appear red and clean ready to be cicatriſed, But after each time of touching the ulcers with the acid ſpirit, the pain muſt be endured for a ſhort time, that the liquor may penetrate the cruſt of the ulcer; after which the mouth ſhould be waſhed with a warm ptiſan, taking care however not to ſwallow it.

Thoſe ulcers which are eſteemed profitable and not dangerous, are, 1. thoſe which are ſeated in the middle of the cheeks, near the opening of the upper ſalivary ducts, diſcovered by *Steno*: 2. thoſe which are ſeated on either ſide the frænum of the tongue, near the extremities of the lower ſalivary ducts, diſcovered by *Wharton*; laſtly, thoſe which affect the edges of the tongue, which are contiguous to the dentes molares. All theſe ulcers are reckoned profitable, ſince they are found by experience to forward and provoke the ſpitting.

Theſe ulcers therefore are to be left to themſelves during the whole courſe of the ſalivation. If they are exceeding painful indeed they may be waſhed with a warm decoction of marſh-mallow roots, infuſion of linſeeds, warm milk tinctured with ſaffron, *&c.* But no reſtringent or drying

drying application muſt be made uſe of, unleſs they happen to corrode and eat too deep, in which caſe they may be treated as above.

In the mean time, if there be any exoſtoſis, pain, node, gummata, or any other diſorder that affects a particular part, that part ſhould be anointed with a drachm or two of the mercurial ointment every day, if the ſpitting be moderate but only every other or every third day if the ſpitting be plentiful.

Regimen during the ſecond ſtage. During this whole ſecond ſtage, the patient muſt be nouriſhed only with *broths*; and at moſt if he is hungry, he muſt only be allowed *a poached egg*, and that if he is not feveriſh. He ſhould drink plentifully of warm *ptiſan* or *barley water*, at leaſt two or three quarts every four and twenty hours. His mouth ſhould be waſhed carefully with ptiſan every time he has a mind to drink; for fear the acrimonious viſcid lymph, which ſticks in his mouth, being carried with the liquor into his ſtomach ſhould occaſion ſickneſs, griping, &c.

He may every now and then riſe and ſit by the fire, if his ſtrength is ſufficient. But if he is confined to his bed, he ſhould for the moſt part ſit upright, with his head inclined forwards, that the viſcid ſaliva may flow from him with greater eaſe. But if, through want of ſtrength he is obliged to lie down, he ſhould lie as much as poſſible

poſſible with his face prone; nor ſhould he venture to compoſe himſelf to ſleep in any other poſture, for fear of ſwallowing the ſaliva, which is continually flowing into his mouth; and further he ſhould take care to change ſides from time to time, leſt the humor ſhould fall too much upon one ſide of his mouth, tongue, or cheeks; laſtly, if his body is bound, a gentle glyſter ſhould be adminiſtered every ſecond or third day.

The third ſtage. AFTER this manner is the ſalivation to be managed during the whole ſecond ſtage; that is for fifteen, twenty, or twenty-five days. From this time when the ſpitting begins to ceaſe, the third ſtage of the cure commences: in which the remains of the ſalivation are to be taken off, the diſorders of the mouth repaired, and the patient's ſtrength reſtored.

Firſt therefore the ſtockings, trowſers, and flannel ſhirt muſt be taken off, and the foul ſheets muſt be changed for clean ones well aired. The ointment muſt be well waſhed off the ſkin, firſt with oil of almonds, and afterwards with ſoap and water warm, for fear any of the mercury remaining on the ſkin ſhould prolong the ſalivatioh beyond its due time. Then the inteſtines, which are often much bound during the time of ſpitting, ſhould firſt be relaxed with an *emollient glyſter*; and the following day a purge ſhould

ſhould be ordered *ex decoct ſennæ, manna,* &c. which, if the ſpitting ſtill continues, ſhould be repeated every other day, till by degrees the ſalivation is quite gone.

Thoſe ulcers of the mouth, which were kept open during the ſalivation, are now to be healed and cicatriſed, according to the method preſcribed a few pages back. They may likewiſe be waſhed with warm mineral waters; or with barley-water and honey of roſes, with a little red wine added thereto; or laſtly with red wine alone, than which there is nothing better to haſten the cure and form the cicatrix.

Regimen during the laſt ſtage. After purging the patient may be allowed a little more ſolid diet; ſuch as *pudding, rice-cream, jellies, poached eggs* or even *chickens* or *pullets*, roaſt or boiled, if his mouth will give him leave. But as patients juſt recovered from a ſalivation are generally very hungry, they muſt take care not to gorge themſelves too much, for fear of falling into ſome new diſorder.

While the ulcers are healing, the patient ſhould frequently move his tongue, for fear the margin of it ſhould grow to the gums or inſide of the cheeks: he ſhould alſo frequently open his mouth as wide as poſſible, leſt from the cicatrices of the ulcers which were ſeated at the juncture of the jaws, the natural motion of the

the jaws ſhould in a great meaſure be hindered.

When the ulcers are once checked, and there is no more likelyhood of their ſpreading, the reſt of the cure ſhould be left to nature. For by uſing the acid ſpirits, red wine and the like, there will be ſome danger of rendering the cicatrices too hard and callous.

Whilſt things are continuing to mend, the air ſhould be admitted more freely into the room, by throwing open the door or window; or (which is better) the patient ſhould be permitted to walk into another room. It will likewiſe be of ſervice to the patient to retire into the country, where he may enjoy a purer air, which will not a little contribute to the recovery of his health.

Laſtly, if the patient be of a ſharp, dry, hot conſtitution, he ſhould drink aſs's, goat's, or cow's milk twice a day for a month; which will greatly aſſiſt in healing the ulcers of the mouth and reſtoring him to his priſtine ſtrength.

CHAP.

CHAP. X.

Of the accidents which ſometimes happen in a full ſalivation.

WE learn from experience that the venereal poiſon, whatſoever it be, or whereſoever it be lodged, whether in the blood, veſſels, glands, *&c.* may by the repeated action of the mercurial globules, more eſpecially in a thorough ſalivation, be ſo broken, divided and comminuted, ſo as at laſt to be intirely ſubdued and thrown out of the body by the ſeveral excretory outlets.

The fluxility therefore of the fluids being reſtored, the circulation of the humors accelerated, the obſtructions in the ſanguiferous, lymphatic, ſecretory and execretory veſſels removed, and in ſhort every cauſe of the diſeaſe being taken away; thoſe humors which are fixt in the muſcular and ligamentous parts will be diſperſed, and of courſe the ſeveral rheumatic, arthritic, and arthritico-rheumatic pains will be removed; the preternatural ſwellings both of the ſofter and bony parts will be diſſolved, as ganglions, nodes, gummata, tubercles, ſkirrhous glands, exoſtoſes, and hyperoſtoſes; the ulcerous eroſions will be healed; the different kinds of ſerpiginous, tettery, and puſtular eruptions will

will dry and diſappear; in a word the ſeveral ſymptoms of the venereal diſeaſe, will either entirely vaniſh under a thorough ſalivation, or at leaſt ceaſe to partake any longer of the venereal infection.

But whilſt the virulency of this diſeaſe is gradually ſubdued under the foregoing courſe, there are ſeveral accidents wont to ariſe, which frequently interrupt and retard the cure, and ſometimes even indanger the patient's life: moſt of which however are either owing to having neglected to prepare the patient before-hand; or to adminiſtering the unction in too large and frequent doſes; or laſtly to ſome error committed by the patient in reſpect to diet or ſome other of the non-naturals. In treating of theſe accidents, we ſhall diſtribute them according to the different ſtages of the ſalivation to which they belong; each ſtage having accidents peculiar to itſelf.

Accidents which happen in the firſt ſtage.

In the firſt ſtage of a ſalivation, the mercury which is newly inſtilled into the blood, generally raiſes a preternatural effervescence, and endeavours to force its way out *qua data porta*.

Sudden-ſwelling of the head, &c. It ſometimes happens that, after the third or fourth unction the head and face ſuddenly ſwell, the max-

maxillary and parotid glands, and likewiſe the tonſils, are enlarged, and grow hot and painful; the tongue ſwells and projects itſelf out of the mouth. Hence deglutition and reſpiration are rendered difficult; the ſpeech is loſt or becomes very indiſtinct; drowſineſs, and a lethargic diſpoſition are brought on, with a fever, &c. which accidents, if not all, yet many of them are frequently met with together in this firſt ſtage.

Cauſe. Theſe accidents ariſe from the mercury being adminiſtered in too frequent and large doſes, or from the patient's taking cold. From either of which cauſes the ſalivary glands and tonſils being ſuddenly ſwelled, and the return of the blood from the brain obſtructed, by reaſon of the preſſure upon the jugular veins, all the other ſymptoms neceſſarily follow.

Cure. In order to remove this dreadful train of ſymptoms, we muſt endeavour to reſtrain the force of the mercury, and divert its courſe another way. To this end we ſhould bleed the patient plentifully in the arm, or rather in the foot, repeating it again, if we ſee occaſion and his ſtrength will bear it; the foul flannels and ſheets of the bed muſt be inſtantly taken off, and exchanged for clean; and if it can conveniently be done, all the mercurial foulneſs muſt be wiped carefully off the ſkin. A purging glyſter muſt likewiſe be adminiſtred; and after

that

that a purging potion *ex infus. ſennæ, ſal. tartari, mannâ*, &c. in order to carry the humors, and along with them the mercury, downwards.

Dr. *Aſtruc* likewiſe recommends an ounce and a half of *vinum emiticum*, if there ſhould be immediate danger. But the action of vomiting by pumping the humors violently upwards, would in my humble opinion, be more likely to kill than cure the patient. For have not vomits been often preſcribed, to haſten a ſalivation when it has advanced too ſlowly? what then muſt be the conſequence, when the humors tend too much already to the head and throat?

When the tongue is violently ſwelled, ſo as to hang out of the mouth, great care muſt be taken that it be not wounded by the fore-teeth; or (which is ſtill worſe) that it be not bit off, as has ſometimes happened. To prevent this, the jaws muſt be kept aſunder by little wooden wedges forced in between the teeth.

After the force of the mercury is ſufficiently abated, and the ſymptoms above-mentioned removed, the internal parts of the mouth muſt be diligently taken care of, in order to prevent the ulcerations, which are formed there, from becoming phagedænic. To this end, let them be frequently waſhed with *warm milk*, decoction of *marſhmallow roots*, infuſions of *linſeed*, &c; cautiouſly avoiding all acid, aſtringent, repelling

gargles,

gargles; which by ſtopping the diſcharge of ſaliva, might occaſion the glands to ſwell again.

If (as it commonly happens after the foregoing diſturbances) the ſalivation ſhould run too high, the patient muſt ſtrictly conform to a ſlender diet; he muſt drink plentifully of ptiſan or barley water, and we muſt endeavour to call the humors downwards by the daily uſe of glyſters, and the repetition of purging medicines,&c. But if on the other hand it ſhould happen, that the force of the mercury is ſo weakened that little or no ſpitting remains, we muſt endeavour to ſpur it forward again, by reſtoring the foul flannels which had been taken off, or by repeating the mercurial frictions; but this with ſuch caution as to avoid incurring the ſame misfortunes, we have juſt got rid of.

A continual or intermittent fever. Sometimes after the third or fourth friction, the patient is ſeized with a continual or intermittent fever; in which (without any remarkable ſwelling of head or face) the inſide of the mouth becomes extremely hot, the patient breaths with difficulty, a ſlight raſh is thrown out, and all the other ſymptoms of a fever come on; but with greater violence than ordinary, becauſe of the diſturbance raiſed by the mercury in the blood

Cauſes. This fever if violent either ariſes from having neglected the preparatory method, by which the bad chyle in the firſt paſſages ſhould be purged off, and the vitiated acrimony of the blood corrected; or from adminiſtering the mercury too precipitately; or from ſome error committed by the patient either in eating ſtrong food, drinking wine or ſpirituous liquors, *&c.*

But if the fever be moderate, it ſeems to be no more than the natural effect of the mercury agitating and rarifying the blood. And hence Dr. *Turner* declares that he was always beſt ſatisfied with, and judged thoſe cures moſt likely to hold, in which the mouth was well ſloughed, a ſlight fever at the beginning with a raſh having broke out upon the body, &c. The ſame was likewiſe the opinion of Mr. *Palmer*, who had formerly the care of one of the lock-hoſpitals, as we learn from a letter of his publiſhed in Dr. *Turner*'s Syphilis.

Cure. If therefore the fever ſhould be ſlight, it may be ſuffered a little to take its courſe; the patient in the mean while keeping to a low diet and diluting plentifully with ptiſan or barley water; by which, together with a gentle glyſter if neceſſary, and forbearing the repetition of the ointment, the fever commonly goes off in the ſpace of a day or two.

But

But if the fever be violent, and inſtead of yielding to a low diet, grows daily worſe, we muſt ſhift the flannels without further delay, and immediately take away ſome blood from the arm; which operation muſt be repeated, according as the violence of the fever ſhall require. After bleedihg the patient ſhould take a purging draught *ex infuſ. ſennæ, ſal. tartar. cum additâ mannâ, medullâ caſſiæ*, &c.

If the fever ſhould intermit periodically, we muſt give a drachm or two of the *cortex peruvianus* ſeveral times in a day.

If after the fever is cured, the patient ſeems to be very weak, the mercurial unctions muſt be deferred for ſome time: but if his ſtrength be ſufficient the ſalivation muſt be carried on: to which end the flannels muſt be put on again, the unctions cautiouſly repeated, and every thing conducted as before deſcribed.

Diarrhæa. SOMETIMES after the ſecond or third unction, inſtead of the ſalivation coming forward, the patient is ſeized with a violent looſeneſs; which if neglected, ſoon degenerates into a dyſentery, attended with violent griping pains, a ſlight fever, and an almoſt perpetual teneſmus; in which after great ſtraining, there is uſually voided a ſmall quantity of bloody mucus.

Cauſes. A diarrhœa is common, 1. to ſuch as have neglected the preparatory method; 2. to ſuch as from the beginning of the unctions, inſtead of conforming to a proper diet, cannot be kept from drinking wine, and gorging themſelves too much with ſolid food; 3. to ſuch as have naturally weak inteſtines, whence the mercury meeting with but little reſiſtance, makes the the ſtronger puſh this way.

Cure. In order to remedy this complaint, we muſt endeavour to reſtrain the too great impetus of the mercury upon the inteſtines. To this end we muſt not only refrain from further unctions, but if the looſeneſs and gripes are extremely violent, we muſt ſhift the flannels; which being daubed with the mercurial ointment, would otherwiſe add fuel to the diſeaſe.

If the fever ſhould run high, and there ſhould be great heat and pain in the bowels, with manifeſt danger of an inflammation coming on, we muſt take away twelve ounces of blood from the arm; we muſt likewiſe give *oil of ſweet almonds* to the quantity of ℥ſs or ℥j every four or five hours; and in the mean time the patient muſt drink plentifully of weak broths, or elſe a ptiſan prepared *ex decoct-rad. althææ, malvæ,* &c; an emollient glyſter ſhould likewiſe be thrown up every hour; which may be prepared either of milk coloured with ſaffron, or a decoction of chicken's guts, or a decoction, *ex foliis plantag.*

burſæ

bursæ paſtoris, cynogloſſi, &c. *ſemin. lini, papaveris,* &c. Laſtly, fifteen or twenty drops of *liquid laudanum* may be given at night going to bed.

But if there ſhould be little or no fever, no heat in the bowels, and in ſhort no danger of an inflammation, the method of cure may be ſomewhat different. The oil of ſweet almonds may in this caſe be omitted, and the patient may uſe for his common drink the *decoctum album*, as it is called in the diſpenſatories. If the griping and looſeneſs are very violent, inſtead of the *laudanum*, he may take x, xv, or xx *gr.* of *philonium romanum*, diſſolved in ſome of the white drink every, or every other night. If this ſhould not do, he may take ʒſs of the *confect. fracaſtor.* once or twice a day, either in the form of a bolus, or diſſolved in mint water or the white drink. But as ſoon as ever the gripings are removed, and the looſeneſs ſtopped, the uſe of opiates muſt be intirely laid aſide.

If it ſhould not yield to theſe remedies, Dr. *Aſtruc* recommends a ſcruple or half a drachm of the powder of *ipecacuanha*; than which he obſerves, there is nothing better to clear away the ſharp pituitary humor, which irritates the inteſtines, and is conſtantly ſolliciting them to a diſcharge.

Laſtly, when the looſeneſs is abated, he recommends a gentle purge, in order to carry off the relicks of the Diſorder. After which the frictions may be repeated, if the patient has ſtrength ſufficient to go through the cure: if not, the ſalivation muſt be deferred till ſuch time as he has recovered his ſtrength.

No ſpitting. In ſome patients, after five frictions regularly performed, you ſhall have no ſpitting, nor any ſigns of a ſalivation coming on. And yet it appears from experience, that the force of the remedy is not loſt, nor does the patient miſs of a cure, provided the following method be purſued.

Having waited four or five days longer after the laſt friction, if there be no new appearance nor any ſigns of an approaching ſalivation, the frictions may be repeated, with the ſame or a larger quantity of ointment, every other day, for five times more; adminiſtering a glyſter every day, and carefully examining the mouth, for fear any unforeſeen accident ſhould happen from the increaſed quantity of the ointment.

In the mean time the patient ſhould live ſparingly, that the blood being free from a mixture of groſs chyle, and therefore thinner, may furniſh humors better fitted for ſecretion; he muſt likewiſe drink plentifully of ptiſan, &c. that the mercurial particles being more divided

divided, may the more eaſily paſs through the intricate pores of the veſſels, open the obſtructed viſcera, &c.

If at length the ſalivation ſhould break out, it muſt be conducted in the manner deſcribed in the former chapter. But if after theſe other nine days, no ſigns of a ſpitting ſhould appear, the patient muſt reſt for nine or ten days, that the mercury which is now rubbed in, may have ſufficient time to exert its efficacy: after which the ſkin may be cleaned, the flannels taken off, and the patient being purged may be allowed a more plentifully diet, and at length return by degrees to his uſual manner of living.

Accidents attending the ſecond ſtage.

In the ſecond ſtage or height of a ſalivation, the blood being too much broken and rarified by the mercurial particles mixt with it, and being driven with too great a velocity and impetus againſt the ſides of the veſſels; if in any parts theſe veſſels ſhall happen to be weaker than ordinary, it will be apt to make its way thro' them. And hence various accidents are wont to ariſe. Thus,

Spitting of Blood. People who are ſubject to a cough, or who labour under weak lungs, are apt to fall into a ſpitting of blood, ſometimes

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unmixt, fluid, florid, frothy; at other times mixt with phlegm, black and grumous; an accident that is always attended with great danger and requires immediate help.

Cure. In order to relieve the patient under this dangerous circumſtance, a vein ſhould be opened twice or three times in a day, and ſuffered to bleed very plentifully; repeating the ſame as the caſe ſhall further require. In the mean time the flannels, *&c.* muſt be changed, the ſkin cleaned, and the repetition of the ointment forborn. The patient muſt likewiſe uſe a decoction *ex radic. ſymphiti majoris* for his common drink; and by way of nouriſhment he ſhould take chicken or veal broth with the ſame roots, or with *rice*, *&c.* boiled in it.

The ſeveral remedies likewiſe, which are uſually preſcribed againſt an hæmoptoe, muſt be called into uſe; as the *bol. armen. terra japonic. ſanguis dracon. corall. margarit.* &c. from gr. xv. to ʒj; alſo *gum. arabic. tragacanth.* &c. from ϑj to ʒſs. Theſe medicines may be made into boles *cum conſ. roſar. rub. vel fruct. cynoſbat.* ϑj. *vel* ʒſs. *et ſyrup. cydon. &c. q. ſ.* They may likewiſe be made into draughts or mixtures *cum aq. plantaginis*, &c. A proper doſe of theſe medicines ſhould be taken every four or five hours.

If after the ſpitting is ſtopped, the patient ſhall be too weak to go on with the the cure, it muſt be deferred till a better opportunity. But

if

if he has ſtrength enough left, and the cure be drawing near a concluſion, it may be proſecuted as formerly directed.

N. B. Here it may be obſerved, that a ſlight hæmorrhage generally enſues, upon the ſeparation of thoſe ſloughs, that were early formed in the mouth; which is generally ſpeaking of no conſequence, and ſtops of itſelf without any application. But of this more, when we come to the accidents of the laſt ſtage. Sometimes there is a plentiful hæmorrhage from a rotten tooth, or the ſocket from whence a tooth has lately been extracted; which muſt be ſtopped either by pellets of lint dipt in ſome ſtyptic powder, or by means of a ſmall cauteriſing iron.

Epilepſy. It frequently happens that epileptic perſons, in the midſt of the ſalivation, whilſt the blood is heated and rarefied by the mercury, are ſeized with a fit and fall to the ground convulſed, with ſnorting, foaming at the mouth, and all the other ſymptoms of this diſorder.

Cure. If the caſe be ſlight, nothing need be done but to take care that the patient does himſelf no miſchief, and that he does not bite or wound his tongue, whilſt he is convulſed: to prevent which wooden wedges ſhould be forced between his jaws, as was formerly directed.

But if there ſhould be any danger, leſt from the violence or continuance of the fit, it ſhould

degenerate into an apoplexy; after having taken away ſome blood, and thereby emptied the veſſels of the brain, (which at this time are turgid with ſtagnating blood) Dr. *Aſtruc* recommends two ounces of the *vinum emeticum*; by which, ſays he, vomiting will be provoked, and the fit taken off.

As ſoon as the paroxyſm is gone off (whether of its own accord, or by the uſe of remedies for this purpoſe) the unction muſt be again renewed: obſerving however to proceed with caution, and exhibiting anti-epileptic medicines once or twice every day.

Return of rheumatic, &c. pains. It is no uncommon thing for perſons who are ſubject to gouty, rheumatic and iſchiadic pains, to have violent returns thereof during the courſe of the mercurial unction. For which, however, there is one certain method of cure.

Cure. If the ſalivation riſes too high, it muſt be moderated; but in ſuch a manner, as not to be quite ſtopped, unleſs the return of theſe pains ſhould bring on a fever. In the mean time, the patient ſhould obſerve a ſpare diet; he ſhould drink large draughts of ſome cooling, diuretic ptiſan; and his body ſhould be kept open with *emollient glyſters.*

Laſtly, his blood ſhould be continually diluted with *ſage tea*, *baum tea*, and the like: of which he ſhould drink plentifully, very warm,

every

every morning and night, in order to promote perſpiration, by which the pains will be greatly abated, if not quite cured.

Coming down of the menſes. It ſometimes happens in women, that the force of the mercury opens the uterine veſſels, and cauſes the menſes to come down ſooner, and in greater quantity than ordinary.

Cure. This being the caſe, if the ſalivation runs too high, it muſt be taken down. But it commonly happens that the ſalivation flags of itſelf, as long as the menſes continue to flow plentifully; becauſe at this time the humours, inſtead of tending to the mouth, are diverted downwards.

But if the menſtrual diſcharge ſhould be very violent, we muſt make uſe of proper medicines in order to reſtrain it. Of this kind are almoſt all thoſe remedies, which were ordered againſt a ſpitting of blood. To which may be added a decoction of *unripe oranges*; *roch alum* in a bolus to the quantity of ʒſs; or a bolus of *roch alum*, *ſanguis draconis*, and brown ſugar to the quantity of ʒj. Theſe may be taken every four hours, if the diſorder be violent.

Abortion. Sometimes it happens that women miſcarry in the courſe of a ſalivation; either from the velocity of the blood being too

much encreaſed, or from the uneaſineſs or reſtleſtneſs of the fœtus.

Cure. As ſoon as it appears that an abortion is at hand, the violence of the ſalivation muſt be reſtrained, as faſt as poſſible. After delivery the woman muſt be treated, as all other lying in women are.

If the lochia ſhould ſtop or flow too ſparingly, they muſt be remedied in the ſame manner, as if the patient was not under a mercurial courſe. But if they flow regularly and moderately, they muſt be left to nature, till they ceaſe of themſelves. After which we may return to the mercurial unctions, if the woman has ſtrength enough to go through with the cure; otherwiſe it muſt be defer'd till another time. But whenever the woman is anointed, ſhe ought to ſuckle the infant, that, if it ſhould be infected, it may be cured at the ſame time.

Hypochondriacal fears, &c. HYPOCHONDRIACAL and hyſterical people, who are naturally of a timorous diſpoſition, are ſoon worn out with the fatigue and pain of the ſalivation; and are not only apt to deſpair of going thro' the cure, but even when it is over, will hardly ſuffer themſelves to be perſuaded that they are perfectly cured. Add to this, that they frequently fall into fainting fits with little or no

pulſe

pulſe, in which they ſometimes continue a conſiderable time, to the no ſmall terror of the byſtanders.

Cure. Theſe patients require to be treated with great care and tenderneſs. The unction ſhould from the firſt be adminiſtered with more than ordinary caution, that no untoward accident may happen to diſcourage them. Their ſpirits muſt alſo be kept up with chicken broths, and now and then a few ſpoonfuls of ſome cordial hyſteric julep, *ex aq. puleg. rutæ* &c. *tinctur. caſtor. aſs. fœtid.* &c. They muſt likewiſe be ſoothed and encouraged, with frequent aſſurances that they go on well, and will certainly obtain a compleat cure.

When the ſalivation is at its height, they muſt only be permitted juſt to get up and have their bed made, but muſt not be ſuffered to ſit up long together: for it is then chiefly that they are apt to fall into fainting fits. Whenever therefore this happens, they muſt inſtantly be laid down upon the bed; and being covered up warm, we muſt endeavour to rouze them, by burning feathers under their noſe, or by applying a ſmelling bottle filled with ſome volatile ſalts. But if we uſe the ſpirit of hartſhorn or any other volatile ſpirit, the beſt way is to pour a little of it into the palm of our hand, and rubbing it about, hold our hand at a little diſtance from

the noſe; by which means they are ſoon waked out of their trance.

Laſtly, after the cure is compleated, no argument muſt be omitted, in order to convince them that they are quite well, and that there is no danger of any relapſe.

Phagedænic ulcers of the mouth. PEOPLE of a ſcorbutic habit of body, whoſe blood abounds with acrimonious ſalts, are frequently affected with phagedænic ſtinking ulcers all over the mouth; which prey upon the cheeks, gums, tongue and palate, and ſometimes, fixing upon the tonſils or uvula, render the action of deglutition very difficult. Theſe ulcers muſt be cured as ſoon as poſſible; ſince if they are neglected, they are attended with great danger.

Cure. We muſt therefore reſtrain the ſalivation, that it may not riſe too high: we muſt likewiſe deterge the ulcers with *honey* quickened with *ſpirit* of *vitriol* or *ſpirit* of *ſal*: we may even touch them with theſe Spirits unmixed, if the violence of the diſorder ſhould ſo require. In the mean time, the mouth ſhould be waſhed every now and then with a decoction *ex rad. ariſtoloch. rotund. biſtort. &c. fol. cochleariæ, ſalviæ, &c. cort. aurantiorum amar.* &c. adding thereto a ſufficient quantity of alum, or ſpirit of wine camphorated. Moreover the

the jaws ſhould be frequently opened during the cure of theſe ulcers; which will be a great means of preventing thoſe terrible ſtrictures, of which we ſhall ſpeak by and by.

Sometimes theſe ulcers are extremely painful, and when they are ſituated at the commiſſure or angle of the jaws, are accompanied with a moſt violent ear-ach and pain in the head; whence the patient is unable to get a wink of ſleep, day or night. In this extremity I have given fifteen drops of *liquid laudanum*, which has at once procured the deſired effect; the ear-ach and pain in the head being entirely removed, and the patient ſleeping afterwards as well as can be expected in a ſalivation; and though the ſpitting was ſomewhat checked by it in the night, yet it returned again with great freedom a few hours after he waked.

Caution. But here it muſt be obſerved, that the repetition of opiates is never to be allowed during the ſpitting, how much ſoever the pain in the mouth, and want of ſleep may ſeem to require it. For if by this means the ſpitting ſhould be ſtopped or too much retarded, it is to be feared that it will occaſion ſuch a tumefaction of the ſalivary glands, as may obſtruct the return of the blood from the head, ſo as to bring on a lethargy, or ſome other dangerous diſorder.

Accidents attending the laſt ſtage.

In the third and laſt ſtage of the cure, when the morbific matter being quite deſtroyed and eliminated, it is time to put an end to the ſalivation, a freſh troop of diſorders ſometimes ariſe: which for the moſt part however are owing to the raſhneſs or negligence of the ſurgeon, rather than to the malignant nature of the remedy itſelf.

Ulcers of the mouth. Sometimes a great number of deep, ſordid, depaſcent, dyſepulotic ulcers affect the inſide of the mouth in a grievous manner; by means of which the ſalivation is protracted beyond its due time; nay it becomes ſo obſtinate as hardly to be kept within tolerable bounds, much leſs intirely ſtopped: and hence the patient gradually waſtes and falls away.

Cauſes. This accident uſually happens, whenever the mercury has been too plentifully, or too precipitately adminiſtered; whenever the timely uſe of proper remedies againſt theſe ulcers has been neglected in the foregoing ſtage; whenever there is a ſalt and acrimonious ſtate of blood, whereby the ulcers are hindered from healing: laſtly, when the fleſh of the gums and internal parts of the mouth is ſoft and ſpongy,

ſpongy, as in ſcorbutic habits, whence it is eaſily eroded by ulcers.

Hence it appears that the ſurgeon is to blame in the two firſt caſes, as having acted raſhly or inconſiderately: and in the two laſt he is not quite free from blame, if he has neglected to examine the conſtitution of the patient before hand, and omitted ſuch preparation as is judged neceſſary.

Cure. From whatſoever cauſe this miſchief ariſes, the method of cure is one and the ſame. If the inſide of the mouth is red, painful and inflamed, a vein muſt be opened once or twice, if the ſtrength of the patient will bear it. The ulcers muſt be fomented with *warm milk*, decoction of *marſh-mallows*, infuſion of *linſeeds* and the like: which muſt be continually held in the mouth, renewing them every now and then. Twice a day they muſt be deterged with *barley water* and *honey* of *roſes*, or with *red wine* diluted with water, &c. If the ulcers are very foul, they may be touched with *honey* and *ſpirit of vitriol*; but very ſparingly, leſt by their acrimony they ſhould ſtimulate too much, and increaſe the pain.

In the mean time, the patient muſt be nouriſhed with cows or goats milk, if his ſtomach will bear it; at leaſt he muſt take milk once or twice a day, that is morning and evening:

ing: for the reſt, he ſhould live altogether upon ſpoon-meats, and things that require no maſtication. His bowels likewiſe ſhould be daily looſened with an emollient and gently purging *glyſter*; to the end that the humours which tend towards the mouth, may be called off and directed downwards. He muſt likewiſe be careful to move his jaws very often, leſt if any of the ulcers are ſituated near the tendons of the maſticatory muſcles, any incurable ſtricture of the mouth ſhould remain.

Laſtly, the patient is not only to be permitted, but perſuaded to go into the open air, if the weather does not forbid; that by this means the heat and tumult raiſed by the mercury in the blood may be abated, and the flux of humours to the mouth leſſened.

Caution. Some in order to ſtop the ſpitting when it is too large, and continues beyond its due time, order aſtringent gargles, prepared *ex balauſtiis, roſis rubris, gallis, alumine rupeo*, &c. with a view of tying up the relaxed mouths of the ſalivary ducts. But Dr. *Aſtruc* diſapproves of this practice; adding that it is never ſafe to ſtop the ſpitting, when it flows plentifully, by the uſe of aſtringents.

There are ſome likewiſe who order the patient to hold pieces of gold in his mouth, or preſcribe leaf gold to be ſwallowed, that the mercurial globules may be abſorbed by the gold.

gold (with which they readily join) and carried along with it out of the body. But this is a vain and uſeleſs conceit. For though the gold may abſorb and carry off ſome few of the mercurial atoms that are lodged in the mouth and inteſtines: yet it can never affect thoſe which are circulating in the blood, where the chief ſcene of action lies.

Hæmorrhage from the mouth. It frequently happens, when the eſchars fall off, that an hæmorrhage enſues from the eroded veſſels; an accident which commonly ariſes from the ulcers having eaten very deep, eſpecially if the patient be too haſty in pulling off the eſchars, or if they are rubbed off in cleanſing the mouth.

This is a ſlight diſorder and may be left to nature, if the blood flows only from ſome veins, and that in a ſmall quantity. But if it ſhould flow plentifully from ſome corroded artery, we muſt endeavour to reſtrain it as ſoon as poſſible.

Cure. To this end, having waſhed the mouth with a little oxycrate or red wine, if the bleeding does not ſtop, and we can diſcover the place from whence it proceeds (as we always may when it proceeds from the cheeks, gums, tongue, &c.) we muſt touch it with ſpirit of vitriol. If this does not ſucceed, we muſt apply

ply the actual cautery to the part moderately hot; carefully fomenting the eſchar which is procured by this means, with warm milk, &c. In the mean time the patient muſt live upon broths, ſpoon meats, &c. forbearing to talk, leſt by the action of the jaws the eſchar ſhould be diſturbed, and the hæmorrhage renewed.

If the place from whence the hæmorrhage proceeds ſhould happen to be out of ſight (as when it proceeds from the fauces, or from the back part of the arch of the noſe) we may bleed once or twice, if the ſtrength will bear it, in order to leſſen the impetus of the blood. In the interim the mouth ſhould be frequently waſhed with an aſtringent and ſtyptic decoction, *ex balauſt. ros, rubr. gallis, &c. cum guttis aliquot ſpirit. vitriol.*

Dr. *Aſtruc* ſays he was once obliged to convey a ſlender, crooked cauterizing iron (by means of a canula) through the noſe, ſo as to cauteriſe its internal parts near the fauces, from whence the hæmorrhage had its riſe. A painful remedy, he obſerves, but ſuch as the neceſſity of the caſe required, and it was crowned with happy ſucceſs; ſince by means of it the hæmorrhage was ſtopped, and the patient reſcued from the jaws of death.

The coalition of the tongue to the gums, &c.

It ſometimes happens that while the ulcers are heal-

healing, the eroded ſides of the tongue (eſpecially towards its root) adhere to the inſide of the gums, the gums grow to the cheek, and the uvula to the arch of the fauces.

Cure. If the adheſion be ſlight, and brings no inconveniency with it, we need not trouble ourſelves about it. But if it ſhould be otherwiſe, we muſt break through the adheſion with our finger, whilſt the cicatrix is recent: but if it has been of long ſtanding, and the parts are firmly attached to each other, they muſt be divided with a knife, taking care afterwards that they do not grow together again. To prevent which we muſt place ſoft doſſils between the divided parts, dipt in red wine or ſome detergent decoction, keeping them there till the cicatrix is formed.

Stricture of the mouth. At laſt after the ulcers are cured, there has ſometimes remained a ſtricture of the mouth; in which the lower jaw is in a manner immoveable, and not capable of being drawn down from the upper jaw; at leaſt the mouth cannot be opened wide enough to take in or chew any ſolid food, or for the ſpeech to be clearly and diſtinctly expreſſed.

Cauſe. This diſorder happens when the tendons of the maſticatory muſcles, which are ſituated at the corner of the jaws, are affected by deep, phaged ænic ulcers in theſe parts, which have

have been neglected in the foregoing ſtage of the cure.

Cure. It is indeed a very bad diſorder and ſo much the worſe becauſe it admits of no cure: neither emollient gargles, in order to relax the contracted tendons, nor wooden wedges to force down the jaw, nor any other method yet invented, being ſufficient to cure this ſymptom, when ſo violent as above deſcribed. Though it may be prevented in a great meaſure by taking care to open and move the jaws from time to time, during the cure of the ulcers abovementioned.

CHAP. X.

The method of conducting a gentle or partial ſalivation.

THE foregoing method of cure we ſee is attended with many and great inconveniences: and yet it is the only method to be relied on in obſtinate and inveterate caſes. But in ſome milder and more recent caſes, and for ſuch perſons as being of a weak and infirm conſtitution, are not able to ſupport the pain and fatigue of a thorough ſalivation, a gentler method has been contrived: namely by rubbing the mercurial ointment in ſmaller doſes and at longer intervals, ſo as to raiſe only a ſlight and partial ſalivation. By this means there is leſs tumult

tumult and diſturbance raiſed in the blood, and it is eaſier to foreſee and prevent any accident that may poſſibly ariſe.

Preparation. This method requires the ſame preparation, the ſame ſort of ointment to be uſed, and the ſame cautions to be obſerved in uſing it, as in the former method.

The method of adminiſtring the unction. THE doſe of mercurial ointment for each friction ſhould be from one to two drachms; which ſhould be rubbed in after the ſame manner, and ſucceſſively upon the ſame parts, as before directed; with this only difference, that from the ſmallneſs of the doſe, a ſmaller part of the ſurface of the body will be anointed at each friction.

There are ſome who conſtantly wipe off the ointment that remains upon the ſkin after the friction is over; for fear the ſmell of it ſhould betray them, when they are under a neceſſity of converſing daily with their friends. This practice we have formerly mentioned as very improper. However, if there ſhould be an indiſpenſible neceſſity for ſo doing, we muſt endeavour to make amends for the mercury that is waſted this way, by increaſing the doſe of the ointment, and rubbing it the more diligently,

gently in, ſo that the mercurial atoms may be the more plentifully transfuſed into the blood.

The intervals between each friction ſhould be three, four, or five days; or even ſix or ſeven, in caſe the patient ſhould be ſickly and infirm. Neither muſt we truſt to the length of the intervals alone, but before ever we proceed to a repetition of the ointment, we muſt carefully examine the cheeks, tongue, gums, &c. in order to ſee whether the ſalivation be ready to break forth.

We muſt therefore proceed ſlowly and cautiouſly through the whole cure; taking care that no bad accident may ariſe from a too violent and haſty ſalivation. Nevertheleſs if it ſhould be neceſſary, the doſe of the ointment may be increaſed, and the intervals between the frictions ſhortened; ſo as to bring on a ſlow, gentle ſpitting; eaſy to be governed; accompanied with no ſwelling of the head, only ſlight and ſuperficial ſloughs, and a moderate diſcharge of ſaliva; which in this method ſhould never exceed above a pint or two in twenty-four hours. But without this we can hardly ever hope to extirpate the infection in any caſe of a confirmed lues, much leſs when it is become inveterate.

So long as the ſalivation being once raiſed ſhall keep within the bounds preſcribed, it muſt be ſuſtained and kept up at the ſame height according

cording to art, abſtaining in the mean time from further frictions. But if from the gradual exhalation of the mercury, the ſpitting ſhould flag and ſeem inclinable to ſtop, the frictions muſt be renewed with the ſame caution as mentioned before; ſo as to reſtore and raiſe the ſpitting to ſuch a degree, as the malignity and inveteracy of the diſeaſe ſhall require; keeping it up at the ſame height during the whole cure.

On the other hand if the ſpitting ſuddenly breaks forth after the third or fourth unction (as ſometimes happens, eſpecially if the ointment has been adminiſtered in large doſes, or at ſhort intervals), we muſt then forbear the frictions for a few days; and in the mean time the patient muſt drink plentifully of ptiſan or barley water, and his body muſt be kept open with lenient glyſters: nor muſt the unction be repeated, till the force of the mercury is ſufficiently abated, and the ſpitting ſeems no longer inclined to exceed its juſt bounds.

If by this manner of treatment the ſpitting ſhall not remit, but on the contrary, gradually increaſing, ſhall threaten a conſiderable inflammation and ulceration of the mouth; we muſt then, by repeated purges *ex ſennâ, ſale vegetabili. mannâ*, &c. divert the humours from the mouth downwards.

But if it ſhall ſo happen, that by the frequent repetition of purges, the ſpitting entirely ceaſes

or

or ſinks below its due ſtandard, the frictions ſhould be again repeated, but in ſmaller doſes and at longer intervals than at firſt; for fear the ſpitting ſhould be again renewed with too great violence, and the laſt error ſhould prove worſe than the firſt.

It is impoſſible to determine before-hand, what quantity of ointment will be neceſſary to perform a perfect cure. This therefore muſt be determined in general by the ceſſation and diſappearance of the ſymptoms: which in this method ſeldom happens ſooner than thirty, forty or fifty days; and therefore the ſpitting ſhould not be taken off ſooner, unleſs the patient will run the riſque of a relapſe.

The regimen in this method. In this method, provided fleſh and wine are not allowed, a greater liberty may be indulged in regard to diet, than in the former courſe. The patient may eat light puddings, rice-creams, *&c.* he may alſo be allowed the uſe of milk once a day, namely in the morning, ſo long as there is no ſpitting, nor any ſigns of one coming on. But as ſoon as ever the ſpitting breaks forth, he ſhould live wholly upon broths; drinking plentifully of ptiſan or barley water, that, the blood being diluted, the venereal colluvies may be carried off by ſweat or urine. In the mean time,

time, his bowels ſhould be kept open with emollient glyſters, if inclined to be coſtive.

In this method likewiſe the patient may be permitted to riſe and ſit up all day, provided he confines himſelf to a chamber moderately warm, and not expoſed to the injuries of the air: but he ought not to be allowed the liberty of going abroad: for though this indulgence may once or twice perhaps have produced no bad effects, yet there have been many inſtances where the patient's life has been endangered by this means.

But after the foul flannels and ſheets are changed, and the patient has been purged once or twice, he may then be removed into a purer and opener air; he may alſo be allowed a more ſolid diet; and, after having continued the uſe of milk in a morning for ſometime, he may gradually return to his uſual manner of living.

Accidents attending this courſe.

THOUGH the method above deſcribed is much eaſier and ſafer than a high ſalivation; nevertheleſs this courſe likewiſe is ſometimes ſubject to accidents: ſome of which are common to it with the foregoing, and others are proper, as it were, to this method.

Accidents

Accidents common to this with the foregoing method.

Fever with ſwelling of the head. SINCE in this method the patients for the moſt part ſuffer little or no inconveniency either from the ſoreneſs of the mouth or ſpitting, they are generally very unwilling to be confined to their chamber; and their ſurgeons winking at it, they frequently wander about the town, little ſuſpecting the danger to which they expoſe themſelves by this means. For though in a warm climate and in the ſummer time ſuch practice may now and then have eſcaped with impunity: yet there have been many inſtances where grievous accidents have ariſen from an imprudence of this nature, and where the patient's life has been brought into the moſt imminent danger.

Nor is this to be wondered at. For if, while the blood is heated and rarefied by the mercury, the body be expoſed to the inclemencies of wind and weather; the pores of the ſkin will be liable to be contracted and ſhut up, and perſpiration conſequently obſtructed. Hence therefore a fever will ſometimes ariſe. At other times the perſpirable matter, together with the mercury, being thrown upon the ſalivary glands, will occaſion a ſudden tumour heat, pain and inflammation in theſe parts, as alſo a ſwelling of

of the tongue, head, &c. as mentioned in the preceding chapter.

Fever with diarrhœa, &c. Some who are naturally great eaters, growing impatient of the abſtinence which is preſcribed them, and finding they can perform the actions of maſtication and deglutition with eaſe, refuſe to confine themſelves to puddings, creams, &c: inſtead of which they make no ſcruple of eating meat, and all ſorts of ſeaſoned diſhes, nor will even forbear to drink wine.

But this conduct is generally followed with a ſevere puniſhment. For, ſince in both methods of adminiſtering the unction, the digeſtive faculty is greatly impaired, the food, for this reaſon being ill digeſted, degenerates into a vitiated ſharp chyle; by which a fever is raiſed, if it gets into the blood; but if it gets into the inteſtines, it ſtimulates them into diarrhœas, dyſenteries and the like.

Spitting of blood, fits, &c. To this method of unction, as being eaſier and ſafer than the former, it has been cuſtomary of late to truſt the cure of ſuch, as are naturally weak and infirm; of ſuch as are exhauſted by ſome chronical diſeaſe; of ſuch as are ſubject to ſpitting of blood; of aſthmatic, conſumptive, epileptic, ſcorbutic and gouty patients; and of women with child: to moſt of whom a high ſalivation is extremely dangerous.

Now, though in this gentle method the

mercury be adminiſtered in ſmall doſes and at conſiderable intervals; and though it exerts its force very gently in ſubduing the morbific matter: nevertheleſs it cannot but occaſion ſome orgaſm in the fluids, and ſome degree of inflammation in the ſolids: neither of which can happen in infirm conſtitutions or bad habits, but there will be danger of ſome accident or other, to which the conſtitution of the patient is moſt prone. Hence, even in this gentler method of adminiſtering the unction, a ſpitting of blood will ſometimes happen to ſuch as are naturally prone to this diſorder; epileptic fits to ſuch as are naturally prone to an epilepſy; phagedænic ulcers in the mouth to ſcorbutic patients, *&c.* And as any preter-natural commotion of the blood, is in ſome degree dangerous to pregnant women, it is no wonder that they ſhould ſometimes miſcarry.

THUS we ſee, that even in this gentle method of unction, the ſame accidents may happen, as in the former courſe: but then they happen much ſeldomer, and are, generally ſpeaking, of a milder nature. Some of them we obſerved proceed from the imprudence of the patient in going abroad, or his intemperance in reſpect to diet, while the unctions are adminiſtering; as the *fever*, *tumor* of the *head*, *diarrhœa*, *dyſentery*, &c. Theſe therefore (eſpecially the two firſt) never happen in this courſe,

when

when the patient keeps himſelf within doors, and conforms at the ſame time to a proper diet. And though a diarrhœa will ſometimes happen from the natural weakneſs of the inteſtines, and the puſh of the mercury this way: yet, as the quantity of mercury is very ſmall, this diſorder is eaſy to be managed, and never degenerates into a dyſentery, unleſs it be aggravated by an improper diet. In reſpect to the other accidents, ſuch as *ſpitting* of *blood*, *epileptic fits*, *ſcorbutic ulcers* in the mouth, *&c.* theſe likewiſe ſeldom happen, but to people who are naturally prone to theſe diſorders: and when they do, they are much milder, leſs dangerous, and eaſier to be remedied, than in the former courſe, in which the blood is loaded with mercury to a much greater degree.

Cure. As theſe ſeveral diſorders are alike in their nature and cauſes, ſo they require the ſame method of treatment with thoſe in the fore-going chapter.

Of the accidents which are proper to this method.

Imperfect cure. We come now to treat of that misfortune, which though in ſome meaſure common to both methods, yet more particularly and frequently belongs to theſe gentler frictions; namely, an imperfect cure; whence

it happens, that, the venereal poiſon being not intirely ſubdued, the diſeaſe after a ſhort interval, breaks out again with greater violence than before.

This accident indeed does not often happen after a full ſalivation, and hardly ever, unleſs, from the impatience of the ſurgeon, or by reaſon of ſome bad ſymptoms, the ſpitting be taken off too ſoon. But in the gentler method of unction it frequently happens, notwithſtanding the cure has been conducted with the greateſt exactneſs, and the frictions continued for the uſual length of time

Cauſes. Hence it appears that in theſe inſtances (how carefully ſoever the frictions were adminiſtered) either the mercury was applied in too ſmall doſes; or the frictions were performed at too long intervals; or the whole quantity of mercury from firſt to laſt was not ſufficient, or its ſtay in the blood not long enough, effectually to ſubdue the diſeaſe and prevent a relapſe.

And indeed it is neceſſary, in order to root out this diſeaſe, that a certain and determined quantity of mercury ſhould be conveyed into the blood; and that it ſhould continue to act with an equal force for a ſufficient length of time. But it is impoſſible to fix a ſtandard, by which we may determine before hand either the quantity of mercury, or the length of time

time neceſſary to bring about a compleat cure, with the leaſt diſturbance and inconveniency to the patient. Both the quantity of mercury and length of time muſt neceſſarily vary, according to the greater or leſs inveteracy of the diſeaſe, the nature of the part affected, and the age, ſex, and conſtitution of the patient.

Firſt rule to prevent a relapſe. It appears however from experience, that ſuch a quantity of mercury is generally ſufficient for the cure of a mild pox, by which a reaſonable ſalivation is procured. *We muſt* therefore *take care to adminiſter the frictions in ſuch a manner, as to raiſe a gentle moderate ſpitting, attended with little or no inflammation of the mouth, and only a few ſuperficial ulcers*, and in which the *quantity of ſaliva amounts to one, two, or at moſt three pints in twenty four hours.* Which ſalivation is to be managed according to the directions formerly given; reſtraining it, if it riſes too high, and quickening it, if it be too ſlow and remiſs. As there are ſome in whom a ſalivation cannot be eaſily raiſed, ſo theſe ſhould uſe the ointment in greater quantities, and at more frequent intervals; carefully inſpecting the mouth from time to time, that they may not be ſurpriſed into an haſty ſalivation before they are aware.

Second rule. There is another rule to be obſerved, namely, *that when the ſalivation is once raiſed, it muſt not be ſtopped by any means, before the venereal ſymptoms have diſappeared*; there being no other criterion, by which we can judge that the dyſcraſy of the blood is corrected, and the infection deſtroyed.

But this rule muſt be underſtood with ſome reſtriction. For as there are ſome ſymptoms which will not ſubmit to this gentler method of unction: ſo there are others which will even remain after a thorough and full ſalivation. It is neceſſary therefore to diſtinguiſh careſully between theſe, that we may not be led into a wrong prognoſtic, and promiſe the patient more than we can perform.

CHAP. XI.

Of the ſymptoms which remain after a ſalivation; and firſt, of thoſe which admit of a cure.

THE venereal lues may be diſtinguiſhed into three ſtages. The firſt comprehends all thoſe recent caſes, in which the poiſon being but juſt admitted, has infected the humours only, leaving the ſolid parts unhurt; and in which only a few of the functions are

ſlighty

ſlightly diſordered. This ſtage of the diſorder may be perfectly cured by a regular adminiſtration of the mercurial unction, and very often by the gentler frictions.

The ſecond ſtage commences, when the infection being of longer date, the ſolid, but more ignoble parts (ſuch as the ſkin, the membrana adipoſa, *&c.*) are affected with eruptions, tubercles, gummata, and the like. This ſtage likewiſe admits of a cure by the greater ſalivation; though ſome of the ſymptoms will now and then remain after the virulency is corrected.

The laſt and worſt ſtage of this diſorder is that, in which the infection has ſeized upon the bones, and greatly injured ſome of the principal or vital parts. And in this ſtage it will be impoſſible to promiſe a ſafe or an eaſy cure.

AMONGST thoſe diſorders that ſometimes remain after the virulency is deſtroyed, ſome of them are curable, of which we ſhall treat in this chapter: others again are for the moſt part incurable, and theſe ſhall be the ſubject of the ſucceeding chapter. But in treating both of the one and the other, we ſhall firſt begin with thoſe that are moſt frequent, and afterwards proceed to thoſe that more rarely occur.

A gonorrhœa.

A GONORRHOEA (as well that which is purulent and accompanied with inflammation and ulceration, as that which is merely ſeminal and depends only on the relaxation of the parts) will frequently remain after a ſalivation; not virulent indeed, as it was before, but ſimple and void of all manner of infection. This diſorder is generally termed a gleet; though in women it is often confounded with the fluor albus.

Cure. Whether purulent or ſeminal, time and a regular diet are often ſufficient for the cure. If not, ſince the continuance of the diſcharge may bring after it bad conſequence, we muſt have recourſe to balſamic, aſtringent, and other remedies, formerly mentioned in the cure of gleets.

Venereal excreſcences.

VENEREAL *porri* that ſpring up about the pudenda, when they are recent, ſoft and tender, do ſometimes wither, dry, and fall off ſpontaneouſly, upon the infection being deſtroyed by the mercurial unction. On the other hand, when they are large, callous, and have taken deep

deep root, they will ſometimes remain even after a regular ſalivation.

Cure. In this caſe, nothing remains but to take them off with the ſciſſars or ligature; digeſting or eating away their baſes, if neceſſary, by the uſe of cathœretics, as was ſhewn in the former part of this treatiſe. This ſhould be done towards the cloſe of the ſalivation; by which time it will ſufficiently appear, whether they are diſpoſed to fall off of their own accord. The ſame thing may alſo be ſaid of the other kinds of venereal excreſcences, as the *condylomata*, *criſtæ*, *fraga*, *mariſcæ*, &c. which as they are more plentifully nouriſhed than the former, by a broad, thick, juicy root, are leſs likely to fall off ſpontaneouſly, and therefore oftener require to be treated in the manner above-mentioned.

Phymata or callous tubercles and ſkirrhous chords.

We obſerved in the former part of this treatiſe (p. 122.) that after the tumors of the prepuce and glans are diſperſed, and the chancres healed, there ſometimes remain certain hard callous ſubſtances; which are either buried in the texture of the part, or elſe, being more prominent and ſuperficial, are obvious to the ſight. They ariſe from the induration of the obſtructed lymph. Thoſe which are of a

round or oval figure, are called *phymata* or *tubercles*; but if they are extended lengthways like a rope, they are called *chords*.

The *phymata* are ſeated upon any part of the glans or prepuce; but chiefly upon thoſe parts, whereon large chancres have been ſituated. Hence they are moſt commonly met with upon the extremity of the prepuce, upon the frænum, and upon the corona glandis.

So likewiſe the *ſkirrhous chords*, though they may be ſeated upon any part of the glans or prepuce, are moſt commonly met with upon the extremity of the prepuce, which has been ſtraitened with a phymoſis; or upon the rugæ into which the prepuce has been folded in a paraphymoſis; or laſtly, upon the frænum and corona glandis, when theſe parts have been beſet with a ſtring of malignant chancers.

When the tubercles are very large, they ſometimes hinder the free play of the prepuce over the glans: and when the extreme margin of the prepuce, or its rugæ which are folded behind the corona glandis, are ſurrounded with a ſkirrhous chord; there will be an habitual *phymoſis* in the former caſe, and a *paraphymoſis* in the latter, of the cure of which we ſhall ſpeak in the next ſection.

Both the phymata and chords are common to women as well as men, being ſometimes met with

with upon the labia vulvæ, upon the clitoris and its prepuce, as alſo upon the nymphæ and carunculæ myrtiformes: nor is it an uncommon thing for the entrance of the vagina to be ſo ſtraitened with a ſkirrhous chord ſurrounding it like a ring, as to reſemble virginity in the moſt debauched women.

The ſame diſorders are likewiſe familiar to catamites; in whom, after an ulcerous inflammation of the anus contracted by unnatural venery, various hard callous tubercles and phymata beſet the margin of this part; and in whom from the ſame cauſe there is frequently ſo great a ſtraitneſs brought on by an annular chord, that the fæces cannot be excreted, unleſs they are firſt rendered fluid by a glyſter; nor even then without ſome pain.

Both in men and women, theſe calloſities ſometimes degenerate into chancrous ulcers, and are afterwards followed with ſigns of a confirmed lues; that is, when the preceding diſorders have been cured without ſalivation. At other times they will remain even after a thorough and full ſalivation; in which caſe, if they are not ſoftened and diſperſed, they ſometimes (though not often) become cancerous.

Cure. THE cure of the phymata is firſt of all to be attempted by emoillient and reſolving fomentations

omentations and cataplasms, prepared *ex radicibus althææ, seminibus lini*, &c. also by emollient and discutient plaisters, as the *emplastr. de mucilaginibus, de ranis cum mercurio, Vigonis quadruplicato mercurio*, &c; taking care to avoid all irritating and heating applications, as also to forbid the use of venery, lest the disorder should by these means be inclined to turn cancerous.

But if our endeavours to dispersе the phymata should prove fruitless, and, notwithstanding all our caution, they should become extremely painful, rise upon into an apex, and in short put on a cancerous appearance, we must then proceed to extirpation without further delay.

If therefore a cancerous phyma shall be situated upon the prepuce in men, or the labia or nymphæ in women, and shall be loose, moveable, and prominent, it may be raised with the fingers of the left hand, and taken off at once with a knife. But if a cancerous phyma in the glans in men, or the labia pudendi in women, or the anus in pathics, shall be buried deep in the substance of the part, but so as not to adhere to other parts that will not bear the knife; in this case we must make a semicircular incision about the ambit of the phyma, and, laying hold of it with our fingers or some proper instrument, cut it out by the

roots. If the cancerous phyma which lies buried in the glans, ſhall be ſo increaſed in ſize, that the diſorder is communicated to the corpora cavernoſa penis; in this caſe, the whole head of the penis muſt be amputated, as far as the diſorder reaches.

But if the cancerous phymata are ſeated in the internal parts of the pudendum or the enterance of the vagina in women; if in pathics they are ſeated deep in the anus; or in men at the root of the penis; the cancer can by no means be extirpated, and the diſeaſe is abſolutely without remedy.

Habitual phymoſis and paraphymoſis.

THE nature and cauſe of the habitual phymoſis and paraphymoſis, as alſo of the preternatural conſtriction of the enterance into the vagina in common women, and of the anus in pathics, have been ſufficiently explained above.

Cure. The cure of theſe ſymptoms muſt be attempted in both ſexes, by emollient fomentations and cataplaſms applied frequently to the penis, anus, and pudendum muliebre; that by theſe means the indurated and contracted parts may be ſoftened and relaxed. Beſide which a linen peſſary or ſponge, dipt in ſome emollient decoction, ſhould be thruſt up the vagina in women, and kept there, that the

contracted

contracted parts may be conſtantly moiſtened with the emollient liquor.

After the parts are in ſome meaſure ſoftened and become more pliable, we muſt try in the paraphymoſis to draw the prepuce gently forward over the glans; and in the phymoſis we muſt endeavour gradually to dilate the margin of the prepuce with the *ſpeculum ani*. The contracted enterance of the vagina in women, and the contracted anus in men muſt in like manner be dilated, by introducing the *ſpeculum ani* vel *matricis*. And thus we are to proceed, ſometimes relaxing, and ſometimes [but cautiouſly and without violence] diſtending the parts, till by degrees they are reſtored to their former dimenſions.

But if this method ſhould not ſucceed, we muſt have recourſe to inciſion, in ſuch parts as will admit of it. Thus in the paraphymoſis, the corrugated folds of the prepuce muſt be ſcarified or cut quite through with a biſtory, that the prepuce being by this means relaxed, may be brought forward without difficulty: in the phymoſis the contracted margin or ring of the prepuce muſt be divided here and there with a pair of ſciſſars, ſo that it may be drawn backward and forward with eaſe.

But in both caſes, the inciſions ſhould be made on the ſides of the penis, becauſe here the

the blood veſſels are much ſmaller, and the hæmorrhage conſequently will be leſs. As to what remains, the wounded parts being digeſted and deterged, care muſt be taken, that, in forming the cicatrix, the parts are not ſuffered to contract, ſo as to renew the old complaints.

In women there is no room for inciſion, unleſs when the ſtraitneſs is owing to a coalition or adheſion of the ſides of the labia or vagina; in which caſe they may be divided without danger. But it is by no means adviſeable raſhly to cut through the coats of the vagina, when they are corrugated into a ring; which, ſays Dr. *Aſtruc*, would be of no uſe, ſince the cicatrix would again contract and ſtraiten the part. Though one ſhould think that wearing a peſſary of a proper ſize, while the wound is healing, might be a means of preventing this.

If the contraction of the anus, being ſo great as to render the conſtant uſe of glyſters neceſſary, ſhould not yield to emollient applications, and gradual dilatation; might not the margin of the anus be cut through, and the wound hindered from contracting again, by a ſuppoſitory of linen or ſponge kept in it, whilſt it is healing?

Fiſtula in ano, and fiſtula lachrymalis.

A FISTULA in ano ſometimes lies concealed between the larger kinds of excreſcences; and ſometimes it forms ſecret ſinuſes, where there are no excreſcences at all. In either caſe, it will commonly remain after the ſalivation, becauſe the pus or ſanies which lodge in the ſinuſes, cannot be purged and cleanſed away by this courſe, and therefore continue and perpetuate the diſeaſe.

Cure. Therefore, when the ſalivation draws towards a concluſion, or at leaſt as ſoon as the patient has recovered ſufficient ſtrength, theſe ſinuſes muſt be laid open, and the calloſities cut away, or conſumed by cathæretic medicines; taking care that the anus does not contract, while the wounds are healing.

Fiſtula lachrymalis. What has been ſaid of the fiſtula in ano, may likewiſe be underſtood of the fiſtula lachrymalis: the cure of which muſt never be attempted, till the venereal infection be quite deſtroyed.

Rheumatic and arthritic pains.

RHEUMATIC, arthritic, and iſchiadic pains do likewiſe frequently remain after a ſalivation; which ſeems owing firſt to the preternatural

natural acrimony or viſcidity of the fluids; and ſecondly, to the relaxation and loſt tone of the fibres of the muſcles, tendons, and ligaments, whence they are the more liable to be affected by the acrimonious and viſcid lymph.

Cure. Therefore, the general evacuations being premiſed, we muſt endeavour to correct the acrimony of the juices. In order to which aſs's, goat's, or cow's milk ſhould be taken once or twice every day, for two or three months; alſo chicken or veal broth, *&c.* in the mean time the patient ſhould uſe the chalybeate mineral waters for his common drink, to the quantity of two, three or four pints every day.

And further, to correct the viſcidity, as well as acrimony of the juices, a gentle ſudorific decoction may be preſcribed *ex guaiac. chinâ. ſarſaparill.* &c. two or three draughts of which either alone, or with milk, may be drank every day for a fortnight.

In the mean time, the parts muſt be ſtrengthened, 1. by dry frictions, either with ſoft woollen cloths, or the fleſh-bruſh; 2. by uſing exerciſe upon an empty ſtomach, till the ſweat begins to break forth; 3. by bathing the parts well with *auxung. urſi, viperar.* &c. alſo *ol. chamæmel. anethi, lumbricor. opodeldoc,* &c. 4. by wearing flannel next the ſkin, *&c.* If theſe methods ſhould fail of ſucceſs, the patient

tient muſt have recourſe to the mineral baths, eſpecially thoſe of the ſulphureous kind, as the laſt reſort.

But where theſe pains proceed from a ſcorbutic dyſcraſy (which will appear by their being accompanied with other ſymptoms of the ſcurvy) in this caſe it will be proper to inſiſt chiefly on anti-ſcorbutic remedies; not neglecting the other remedies which have been juſt now laid down.

Herpes, tetters, and fiſſures in the hands.

HERPES, tetters, ring-worms, and fiſſures in the hands, ſometimes remain after the mercurial unction, or (which is more common) are renewed by intervals. And this happens either from the acrimony or viſcidity of the juices, or from the ulcerous ſoftneſs of the glands of the corpus mucoſum under the cuticle, whereby they are diſpoſed to imbibe and retain the vitiated jucies from the blood.

Cure. Therefore a ſoftening diluting diet, decoctions of the woods, and the other remedies of this kind mentioned above, muſt be uſed here. To theſe may be added lotions prepared *ex rad. lapath. acut. nicotianæ*, &c. alſo a mild *aq. phagedænic.* the *mercur. præcipit. alb.* mixt with pomatum in a proper doſe, &c.

Stubborn ulcers.

It is uſual for ulcers, which happen in different parts of the body (from phymata, nodes, ganglia and gummata degenerating into abſceſſes) to remain after the ſalivation is over; and if they are large and ſpread much, require a good deal of time before they can be brought to cicatrize.

When their edges are ſoft and free from pain; when the fleſh at the bottom is firm, granulated, and of a roſy colour; and laſtly, when the diſcharge is thick, ſmooth, white and ſmall in quantity, the cure indeed is eaſy enough: but if all theſe circumſtances, or moſt of them, fall out contrary to what we have deſcribed, the cure will be attended with a great deal of trouble and difficulty.

The cauſes of theſe ulcers ſubſiſting after the virulency is corrected are; 1. ſinuſes and burrows running under the edges of the ulcers; 2. a caries of the ſubjacent bone; 3. a ſcorbutic or ſtrumous taint lurking in the blood. Theſe cauſes are to be diſcovered by the common ſigns laid down by chirurgical writers.

Cure. Whenever there are ſinuſes, they muſt be laid open to their utmoſt extent, if it can be ſafely or conveniently done; the cutaneous ones with the ſciſſars; but if they are deeper with a knife or biſtory ſlid along the

the groove of a director. This done, the pendulous lips ſhould be cut clean off, that every part of the ulcer being expoſed to view, may be the more eaſily ſuppurated and deterged.

But when the ſinus is very deep, when it extends it ſelf a great way, and there is any danger to be apprehended from opening its full length, it will be more adviſeable to procure a counter opening.

In ſhort the whole method of treating ſinuous ulcers may be eaſily underſtood from what has been ſaid in the former book, when ſpeaking of the cure of ſuppurated buboes and abſceſſes in perinæo.

But whilſt we are adminiſtering applications immediately to the ulcers themſelves, we muſt endeavour to correct the dyſcraſy of the blood and juices, 1, by a proper diet, conſiſting of milk, chicken, or veal broths, *&c*; 2, by the uſe of the *ſudorific diet drinks*, and ſuch other remedies as are proper to correct the viſcidity and acrimony of the fluids.

Sometimes it has been found ſerviceable to anoint round about the edges of the ulcers with *mercurial ointment*; which helps to reſolve the calloſities, if there are any, and alſo corrects the diſorders of the lymph that flows to the ulcers.

Laſtly, in ſtubborn ulcers of this kind, as alſo in obſtinate pains, and the herpes

or

or other cutaneous eruptions, which remain after a ſalivation, it is of great uſe to procure an iſſue in the hinder part of the head, or in either arm or leg, in order to carry off part of the ſharp lymph, or at leaſt to divert it from the diſeaſed part.

Caries of the bones.

THE venereal caries with which the bones are affected, rarely gives way to a ſalivation, let it be managed ever ſo well: nor indeed is this ſtrange, ſince a caries requires a particular kind of management, and a conſiderable length of time before it can be cured.

A caries is either manifeſt or occult. In the former, the bone affected is denuded of the fleſh and perioſtium with which it was covered, ſo that the diſeaſe becomes obvious to the eye: in the latter (that is, in the occult caries) the bone is covered with a ſoft, fungous fleſh, which is ſometimes red and bloody, at other times pale or whitiſh, and ſometimes again of a darkiſh livid hue.

The occult caries is diſcovered partly by the appearance of the fleſh that fills the ulcers; and partly by the large diſcharge of ſtinking ichor that iſſues from it: but the moſt certain way of diſcovering it is, by forcing a probe thro' the ſpongy fleſh, or thro' ſome ſinus that leads

leads to the caries; by which means it at once appears whether the ſubjacent bone be bare and carious.

A caries is again divided into ſuperficial and deep. In the ſuperficial, the bone having been lately deprived of its perioſtium, and conſequently of the nouriſhment it derived from thence, its ſurface becomes dry, grows black, and after ſome time either inſenſibly moulders away, or caſts off in a thin ſcale: and this is called a *dryneſs*, or *exfoliation* of the bone. In the deeper caries, (which is commonly owing to the acrimony of the medullary juice, which is interſperſed amongſt the lamellæ of the bones) the ſurface of the bones is rough and uneven, and for the moſt part pierced with ſeveral ſmall foramina, which will admit the ſharp end of the probe: and this is called a *true caries*.

Cure. In either caſe, if the caries be covered with half-rotten fleſh, it muſt either be ſcraped off with a knife, or elſe conſumed by ſome cauſtic application.

When the caries is ſuperficial, it is generally ſufficient to cover the bone with pledgits of lint, dipt in *tinctur. myrrh. comp. euphorb.* &c. or to ſprinkle it with *pulv. irid florentin. euphorb.* &c, or at moſt to pour in a few drops of *ol. guaiaci*, or, which is more effectual, a ſolution of mercury in *aq. ſtygia*.

If the ſurface of bone in this kind of caries does

does not inſenſibly moulder away, the exfoliation ſeldom enſues ſooner than five or ſix weeks, and ſometimes longer. But in this caſe Mr. *Sharp* recommends ſcraping the bone with a rugine down to the quick; by which means the bone is ſometimes preſently covered with granulated fleſh, and the ulcer heals without any exfoliation.

In the deeper caries Dr. *Aſtruc* recommends the actual cautery (a practice which was formerly much in vogue, and is ſtill retained in ſome of our hoſpitals) in order to dry up, as they ſay, the moiſture, and by that means procure a ſeparation of the rotten from the ſound bone.

But, ſays Mr. *Sharp*, as this practice is never of great ſervice, and always cruel and painful, it is now pretty much exploded. He adds, that from conſidering the appearance of the ſore after the exfoliation is come away, there is hardly any queſtion to be made, but burning rather retards than haſtens the ſeparation. For as every ſcale of a carious bone is flung off by new fleſh generated between it and the ſound bone, whatever prevents the growth of theſe granulations will in ſome degree prevent the exfoliation; which one ſhould think muſt certainly be the effect of a red-hot iron applied cloſe to it. But however this be, the circumſtances of carious bones are ſo different from

from one another, that it is hardly to be gathered from experience, whether they ſooner exfoliate with or without fire: for ſometimes in both methods, an exfoliation is not procured in a twelve-month, and at other times it happens in a month, or three weeks. It ſeems better therefore to bore into the ſubſtance of the bone with the perforator or perforating trepan (as Mr. *Sharp* calls it) in order to promote a granulation of fleſh upon its ſurface; or elſe to dreſs the bone in the ſame manner as directed above: taking care in the mean time that the lips of the ulcer be kept diſtended by a flat piece of prepared ſponge, rolled on with a tight bandage, till the looked-for exfoliation ſucceeds.

As ſoon as the exfoliation is come away, the ſore muſt be healed as a common ulcer. But we muſt uſe no violence in ſeparating the bone; becauſe the little jagged bits of bone, which might be left by this means, would form little ulcerations, and very much retard the cure.

During the cure, if there be any diſorder in the blood, it is to be corrected by the ſame remedies, as have been mentioned above. The patient muſt likewiſe obſerve a thin, ſpare diet; and laſtly, an iſſue or two ſhould be made, to draw off the peccant humors.

Spina

Spina ventoſa. In the ſpina ventoſa, as it is called, in which the meditullium and internal parts of the bone are corrupted, the moſt depending part of the bone ſhould be perforated with a ſmall crown of a trepan; that a free paſſage may be opened for the diſcharge of the pus and ſanies, and that the medullary cavity may be waſhed and cleanſed with proper injections. But if the bones are carious through their whole ſubſtance, nothing remains but amputation.

Scorbutic tumors and ſcrophulous diſorders.

Those ſcorbutic, ſtrumous, and ſcrophulous diſorders, with which the venereal lues is ſometimes complicated, will ſeldom yield to a ſalivation; for the morbific matter, by which theſe diſorders are produced, is apt to reſiſt the force of mercury, as a remedy not properly adapted to it. Hence *ſcorbutic ulcers*, *rotten gums*, &c. hence alſo incyſted tumors, as the *ſteatoma*, *atheroma* and *meliceris*, with other ſtrumous and ſcrophulous ſymptoms are frequently met with after this courſe.

Cure. For the cure of theſe diſorders, it will be proper to conſult thoſe authors who have treated profeſſedly of them; for as they are no longer aggravated by the venereal poiſon, they

require nothing different from the ordinary methods of cure.

CHAP. XII.

Of thoſe diſorders which ſometimes remain after a ſalivation, and which are for the moſt part incurable.

THERE remains another claſs of diſorders, which ſometimes continue after a ſalivation, and which are for the moſt part incurable. Theſe diſorders depend on ſome irreparable injury done to the ſolids. But it may be obſerved, that the diſorder never makes ſo great a progreſs without the patient's own fault; either in neglecting to apply for a cure in due time; or in giving too much credit to the vain promiſes of quackiſh pretenders, whoſe remedies may perhaps repreſs the violence of the diſeaſe for a time, but are never able entirely to ſubdue it.

Tumors of teſticles.

AMONGST diſorders of this kind, which do not admit of a cure, may be reckoned thoſe tumors with which the teſtes and ſpermatic chord are affected; as the *ſpermatocele*, *ſarcocele*, *hydrocele*, &c. which have been deſcribed, p. 304,—305.

The

The ſpermatocele is, as it were, the beginning of all the other herniæ humorales; and ariſes firſt, from the untimely ſuppreſſion of a virulent gonorrhœa, as mentioned in the former part of this treatiſe; or ſecondly, from the gradual ſtagnation of the ſemen, when the infection being communicated to the blood, the ſemen which is derived from it, becomes too viſcid.

The firſt ſpecies of this diſorder commonly diſappears upon the return of the running: but the latter is more difficult to cure, becauſe the ſtagnation being gradually formed, the ſemen daily grows thicker and thicker by delay; whence the tumor becomes at laſt ſo hard, as not to diſſolve during the courſe of the ſalivation.

All the hope therefore that remains in this caſe, conſiſts in anointing the ſcrotum twice or thrice a week with a drachm of *mercurial ointment*; or elſe in applying the *empl. de Vigone cum quadruplicato mercurio* all over the the teſticle, renewing it once a month, or every fifteen days; or laſtly, in the uſe of diſcutient cataplaſms.

But in the mean time the patient muſt conſtantly wear a bad-truſs, in order to keep the teſticle ſuſpended; leſt by its weight it ſhould increaſe the diſorder, and bring on a painful

tenſion of the parts above. Moreover, great care muſt be taken, that the ſwelling does not degenerate into an abſceſs or cancer, by the immoderate or unſeaſonable uſe of attenuating and heating medicines, whether internally or externally.

Laſtly, if the tumor be ſo large and hard, that there is no hope of reſolving it; if the teſticle is become very troubleſome by reaſon of its weight; or if there be danger of its turning cancerous, it is time to think of extirpating the teſticle, and the patient muſt ſubmit to caſtration; the method of performing which may be learned from *Le Dran* and other chirurgical writers.

But if the ſpermatic chord is already become ſkirrhous, this operation muſt be let alone; becauſe in this you cannot by amputating the teſticle extirpate the diſeaſe, nor prevent its being propagated into the abdomen.

Diſtortion of the penis.

ANOTHER misfortune is, when the penis during erection is diſtorted different ways, upwards, downwards, or to either ſide: which if not an abſolute hindrance to coition, yet it certainly renders it very difficult, and generally

nerally not perfect enough for the propagation of the ſpecies.

This diſorder ariſes from a venereal node or ganglion, either upon the frænum, or upon the ſides of the urethra, or upon the ſuſpenſory ligament, or upon the corpora cavernoſa penis.

The remedies in this caſe are the ſame as for the ſkirrhous teſticle, ſince in either diſorder the congeſted matter is to be diſperſed. But if theſe remedies prove fruitleſs, it muſt be borne with patience; for though it be incurable, it is attended with no danger.

Impotency to venery.

IMPOTENCY to venery is frequently brought on by venereal diſorders.

There are three ſpecies of this diſorder: the firſt, in which there is a ſufficient erection, but no emiſſion, or at moſt of a thin watery ſemen, and this too in a ſmall quantity. This ſeems to ariſe from a conſtipation of the excretory ducts of the ſeminal veſicles and proſtate gland; and therefore is generally the conſequence of the prepoſterous and too frequent uſe of aſtringent injections.

The ſecond ſpecies of this diſorder is, when the ſemen is diſcharged ſooner than ordinary,

with little or no ſenſe of pleaſure, and before the erection is compleat. This ſeems to ariſe from the too great wideneſs or relaxation of the excretory ducts abovenamed; and therefore uſually ſucceeds a gonorrhœa of long ſtanding, when it is degenerated into a ſeminal gleet.

The laſt ſpecies of this diſorder is, when the penis is weak and languid, and utterly incapable of any degree of erection. And this may happen from two cauſes: firſt, when the ſeminal veſicles or proſtate gland are grown callous, or filled with fungous fleſh, by which means they are but little or not at all ſtimulated by the ſemen that is collected in them: the ſecond cauſe conſiſts in a paralytic relaxation of the *muſculi erectores* and *acceleratores*, by whoſe aſſiſtance the penis acquires its rigidity and tenſion.

The firſt ſpecies of impotency ſeems to admit of no cure. But if any one be pleaſed, he may throw up emollient injections as far as poſſible into the urethra; or he may apply emollient cataplaſms to the perinæum, or direct warm baths, ſemi-baths, *&c.*

Neither will the laſt kind of impotency admit of a cure with greater eaſe; eſpecially if it has withſtood a ſalivation. But leſt any thing ſhould ſeem to be neglected, you may try thoſe remedies which are ſerviceable for reſolving

ſolving callous bodies, ſuch gentle mercurial illinitions, *&c.*

But it is generally in our power to cure the ſecond ſpecies of impotency (namely, that which ariſes from the too great relaxation or wideneſs of the excretory ducts of the ſeminal veſſels), by the uſe of thoſe remedies which were formerly preſcribed againſt a ſeminal gleet.

Nodes, ganglia, gummata.

Nodes, ganglia, gummata, *&c.* are for the moſt part beyond the power of medicine, when they have reſiſted the force of a ſalivation.

Nevertheleſs it has ſometimes been of ſervice to perſiſt in the uſe of anti-ſtrumatic remedies, and to apply the *emplaſtr. de Vigone cum mercurio quadruplicato*, or a thin plate of lead rubbed over with quick-ſilver every day: which remedies are the more effectual, if every day before they are applied, the tumors are gently rubbed with the hand for a conſiderable time.

But if the nodes, ganglia, gummata, *&c.* create no inconveniency, and are not conſpicuous, ſo as to occaſion any deformity, it is better to let them alone: ſince Dr. *Aſtruc* tells us, that being

ing ill-treated with irritating remedies or violent friƈtions, they have ſometimes degenerated into cancers.

Exoſtoſes.

We mentioned formerly that there are two principal kinds of exoſtoſis: the one ſpurious, which is in faƈt no other than a node on the perioſtium; the other ligitimate, which ariſes from the ſubſtance of the bone itſelf. We obſerved likewiſe, that the legitimate exoſtoſis is again divided into two ſpecies: in one of which the tumor is hard and ſolid throughout; but in the other it is cellular or cavernous, and filled with a fleſhy or cartilaginous ſubſtance.

The ſpurious exoſtoſis is frequently diſſolved under the ſalivation: and ſo is that in which the bony cells are filled with a fleſhy or cartilaginous ſubſtance, provided the tumor be ſmall and not of long ſtanding: but if the tumor be large and of long ſtanding, it for the moſt part remains obſtinate, and even continues after the ſalvation.

In this caſe, Dr. *Aſtruc* thinks it better to let them alone, as long as they remain indolent, rather than attempt a troubleſome method of cure, with little or no proſpeƈt of

ſucceſs. But if the patient ſhall be of a contrary opinion, we may apply a mercurial plaiſter, or rub a little mercurial ointment upon them once or twice a week.

Theſe applications however can be of no ſervice in the ſolid bony exoſtoſis; in which there is no other cure, but to lay the tumor bare either by inciſion or cauſtic, and to ſtrike off the bony excreſcence with a chiſſel. In like manner, if the other kind of legitimate exoſtoſis, having reſiſted the applications abovementioned, ſhall be affected with acute pricking pains, while the ſkin over it appears red and inflamed, ſo that there is reaſon to apprehend the bony tumor is degenerating into an abſceſs with caries, or which is yet worſe into a cancer; in this caſe, after proper evacuations, the bony tumor muſt be laid bare. This done, the perioſtium muſt be ſcraped away, and the exoſtoſis perforated in ſeveral places with a trepan; after which, it muſt be ſtruck off with a chiſſel, or cut off with a fine-ſaw, and the ſubjacent bone dreſſed with *tinct. myrrh. euphorb.* &c. in order to procure an exfoliation.

Pains in the bones.

It ſometimes happens after a regular ſalivation, that a deep, fixed, frangitive pain af-

fects ſome particular part of a bone. This pain is ſometimes conſtant, and at other times invades by intervals; it is alſo attended with a ſlight degree of heat and redneſs in the ſkin, but no ſwelling.

If this pain does not yield to emollient, anodyne, paregoric and diſcutient remedies, there will be ſome ground to ſuſpect that it ariſes either from a latent caries of the bone; or from an exoſtoſis or caries of its internal ſurface; or which is worſe from an abſceſs of the medullary ſubſtance.

If this ſuſpicion increaſes daily, and there be no other means of cure left, we muſt lay bare that part of the bone which ſeems affected, and pierce it with a trepan as far as the meditullium. If no diſcharge proceeds, but only a few drops of blood, we muſt proceed no further. But if a purulent or ſanious diſcharge ſhall iſſue forth, the bone muſt be pierced in ſeveral places both above and below, and the intermediate bone deſtroyed with a mallet and chiſſel, that the matter may be freely diſcharged, and proper injections thrown in. Laſtly, the edges of the bone having exfoliated or crumbled away, and the cavity being filled with firm, granulated fleſh, the ulcer muſt be brought to cicatrization.

But after all, as the nature and cauſe of this ſymptom is generally diſcovered pretty late; and as the ſurgeon is backward in adviſing, and the patient in ſubmitting to ſuch a troubleſome and dangerous operation; this ſort of cure is ſcarce ever attempted till there is little or no probability of ſucceſs.

Cancers.

It is well known that cancerous diſorders, which ariſe from a venereal cauſe, do not always lay aſide their fierceneſs after a ſalivation; nor are they always changed into ulcers or abſceſſes of a milder nature. It is likewiſe obſerved that the ganglia, tubercles, gummata, and that ſpecies of exoſtoſis which is arched over, if they remain after a ſalivation, frequently become cancerous, by the ill-timed uſe of ſharp, attenuating and reſolvent remedies.

In either caſe, the cancer (whether recent, or of long ſtanding) may be known, as well from the ſkirrhous hardneſs of the remaining tumor, as from the ſhooting and launcing pains with which it is affected, ſometimes conſtantly, and at other times by frequent intervals. As often as theſe ſigns concur, it is certain there is a true cancer; for which there is

no

no other cure but by extirpation, the method of performing which in the ſofter parts is abundantly treated of by chirurgical writers.

If a cellular exoſtoſis ſhould degenerate into a cancer, the ſkin and perioſtium being cleared away, the bony tumor muſt be cut off with a fine ſaw, or chiſſel down to a level with the reſt of the bone. This done the exfoliation of the baſis muſt be forwarded, either with *tinctur. myrrh. cum aloe*, or the *pulv. euphorb.* or with a ſolution of mercury in *aq. ſtygiâ.* The exfoliation being come away, and the whole baſis covered with a firm, red, granulated fleſh, the cicatrization muſt be finiſhed according to art.

But if the ſituation or connection of the cancerous tumor, or the deplorable ſtate of the patient, ſhall render the extirpation both difficult and dangerous; in this caſe, nothing remains, but to relieve the pain by opiates, and, by a cooling and a temperating regimen, to endeavour to palliate a diſeaſe that cannot be cured.

Ulcer in the womb.

An ulcer of the womb is no unfrequent diſorder in women who have laboured under a venereal lues. It may be occaſioned two ways: *firſt* by an eroſion of the internal face

of

of the womb, occaſioned by the admiſſion of virulent ſemen, or by a venereal taint in the menſtrual diſcharge, or in the natural mucus with which the internal cavity of the uterus is to be ſmeared: ſecondly, it may ariſe from an abſceſs formed in the ſubſtance of the womb, by the ſuppuration of a ganglion, tubercle, or gummy ſwelling that has ariſen there.

The firſt kind of an uterine ulcer is hardly to be diſtinguiſhed at firſt, and in the beginning voids only a ſmall quantity of pus of a very doubtful appearance, but the diſcharge afterwards increaſes by degrees. But in the other kind of ulcer, which ariſes from an abſceſs in the womb, as ſoon as ever the abſceſs breaks, the matter flows from the vagina in great plenty.

That kind of ulcer which proceeds from eroſion, ſeldom or never breaks out again after the ſalivation; unleſs it aroſe at firſt from ſome cauſe independent of the venereal infection, in which caſe it frequently eludes the force of the mercury. But the other kind of ulcer may ariſe after a ſalivation, without any new acceſſion of venereal infection; namely, if any of the ganglia, tubercles, gummata, *&c.* which remain after the ſalivation, ſhall inflame and ſuppurate, either ſpontaneouſly, or by the prepoſterous uſe of heating remedies.

Further, from whatever cauſe the ulcer proceeds, it may be ſub-divided into two kinds:

the one ſimple, in which there is a diſcharge of thick, ſmooth pus, attended with little or no pain; the other cancerous, in which the diſcharge is thin, ichorous, and ſanious, and the womb is pierced with continual, ſharp, launcing pains. The firſt kind of ulcer very rarely admits of a cure; the latter, never, as appears by experience.

But as it is never juſt abſolutely to deſert the patient, and leave her without any aſſiſtance, the chance of medicine ought to be tried, which if it cannot cure, may at leaſt afford ſome relief.

To this end, ſuch remedies ſhould be ordered, as are found to be of ſervice in correcting the acrimony of the juices; as a ptiſan prepared *ex rad. althææ, biſtortæ, conſolidæ majoris*, &c. and altered by pouring melted lead into it: chicken or cray-fiſh broths, *cum fol. agrimoniæ, pimpinellæ, cichorii ſylveſtris, naſturtii*, &c. acidulated mineral waters, chalybeated whey, aſs's or goat's milk, &c. laſtly, if the blood be too viſcid, a ſmall decoction, *ex radicibus chinæ et ſarſæ-parillæ*, of which the patient ſhould drink a large draught three times a day. At the ſame time gentle purges ſhould be preſcribed, *ex mannæ aut caſſiæ* ℥j *vel* ℥ij, in ſome of the ptiſan or whey, in order to diſcharge the crudities of the primæ viæ,

viæ, and the bilious recrements of the blood. Bleeding in the arm ſhould likewiſe be performed to eight or ten ounces, in order to prevent any inflammation of the womb.

Whilſt the menſes actually flow (if they are not ſuppreſſed by the diſeaſe), the bowels ſhould be conſtantly kept open with emollient glyſters; to which, if there are any hyſterical commotions, may be added ſome *ol. amygdalarum dulcium.* In this caſe, likewiſe, a head or two of white poppy may be boiled every day in the ptiſan.

During the interval between the menſtrual diſcharge, emollient, detergent, or drying injections may be thrown up, according to the different ſtate of the diſeaſe. At the ſame time, the internal uſe of balſamic remedies ought not to be omitted.

If the ulcer be ſeated only in the vagina, as this place is acceſſible enough, beſides the injections abovementioned, ointments and balſams ſhould be applied immediately to it: firſt, digeſtive, then ſuch as are gently detergent, and laſtly, epulotics of various kinds.

If the pains are violent, and the patient leads troubleſome and reſtleſs nights, and if other remedies have proved ineffectual, we muſt have recourſe to opiates, in order to procure ſome alleviation of the patient's miſery.

A Palſy

A palſy and trembling of the limbs.

We have formerly ſhewn that a venereal palſy is occaſioned, either by a ſimple inſpiſſation and ſtagnation of the animal ſpirits; or by the preſſure of nodes, ganglia, or tubercles in the coats of the nerves, or in ſome neighbouring part.

If a venereal palſy, being more ſtubborn than ordinary, ſhall elude the force of a ſalivation, there are but little hopes that it will give way to other remedies. It may not be amiſs, however, to try what can be done by the common remedies which are recommended in this diſorder; ſuch as decoctions prepared *ex lign. guaiaci et ſaſſafras, radic. chinæ et ſarſæ-parillæ, cum antimonio crudo*; viper broths, *cum additis foliis naſturtii, fumariæ, &c. et raſurâ cornu cervi*; liniments of various kinds, *cum axungiâ auſeris, ſerpentis, &c. &c.*

Trembling of the limbs approaches very near to the palſy, both in its nature and cauſe, differing from it only in degree. If therefore it can be remedied when it remains after a ſalivation, it muſt be by the ſame methods as the palſy itſelf.

Falling

Falling off of the hair.

We have formerly aſſigned three different cauſes of this diſorder: the firſt is when the hairs are eaten off, without any injury done to their roots; the ſecond, when thoſe tender fibres, by which the hairs derive their nouriſhment from the bulbous root, are eroded; laſtly, when the bulbous roots themſelves are entirely deſtroyed.

In the two laſt caſes, the diſorder is paſt remedy. The cure therefore is only to be attempted, when it proceeds from the firſt cauſe.

The beſt remedy for this diſorder, is ſhaving off the hair as ſoon as it begins to grow up: for as wood grows thicker by being lopped, ſo the hairs of the head and beard thicken likewiſe by being often ſhaved.

We may likewiſe uſe a decoction *ex foliis marrubii, abrotani, centaurei, capillorum veneris*, &c. with which the parts from whence the hairs fall off, ſhould be frequently fomented: as alſo with a lixivium *ex cineribus teſtarum nucleorum juglandium, vel nucleorum amygdalarum amararum, &c.* all which, if they are of no ſervice, will at leaſt do no harm.

Diſeaſes

Diſeaſes of the mouth.

It ſometimes happens that the ſpongy bones of the noſe being eaten away with a caries, the whole arch of the noſe falls in, and the bridge of it is depreſſed; ſometimes the teeth being carious, drop out of their ſockets; ſometimes the uvula being ulcerated, is eaten quite away; ſometimes the bones of the palate, which are contiguous to the uvula, are deſtroyed by a caries; and laſtly, the whole bony roof of the palate is ſometimes perforated as far as the noſe.

If the arch of the noſe be deſtroyed and falls in, let it occaſion ever ſo much deformity, it muſt be borne with patience, as an accident that is paſt all remedy. Only we ſhould take care that no ulcer lies concealed; and therefore we ſhould waſh the internal parts of the noſe *cum decoct. hordei, fol. veronicæ, agrimoniæ*, &c.

If the teeth ſhould be looſe, Dr. *Aſtruc* recommends the following paſte.

℞. *pulv. folior. aquilegiæ,*
ſalviæ criſpæ,
menthæ ana ʒij,
myrrhæ
aluminis rupei,

Nucis

nucis moſchatæ ana ʒijſs,
mellis narbonenſis ℔ſs
Miſceantur omnia ſimul cum melle igne leni calefacto, atque diu agitentur et ſubigantur, ut intimè commiſceantur.

THIS paſte, being ſpread upon a linen rag, is to be applied to the putrid gums, and kept on for ſome hours, nay, for the whole day, 'till ſuch time as the gums are healed, and the teeth have gained their uſual firmneſs.

When the uvula is ulcerated, it is to be treated in the ſame manner as other ulcers of the mouth. If the uvula be quite deſtroyed, there is not much occaſion to be uneaſy about the loſs of it, provided the ulcer be ſtopped from ſpreading further; ſince it appears by experience, ſays Dr. *Aſtruc*, that the patient neither ſpeaks nor ſwallows his food the worſe for want of it.

When the oſſa palatina are deſtroyed, and the oſſa maxillaria perforated from the roof of the mouth as far as the noſe; having ſtopped the further progreſs of the caries with proper remedies, it was formerly the practice to adapt a gold or ſilver plate to the roof of the mouth; which plate, by means of a piece of ſponge faſtened to the back of it, and thruſt

thruſt into the hole of the palate, was detained in its proper place. But as ſponge will in a ſhort time contract a very fœtid ſmell, it is better to fit a ſmall ſilver button to the palate, by which it may be fitted to, and ſuſpended in the hole.

FINIS.

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